

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V38968** (6)

1. Corporation Name
SECUR-ENTRY INDUSTRIES INC.

208.75



Principal Place of Business: **5420 N OCEAN DR 805 SINGER ISLAND FL 33404 US**
 Mailing Address: **P.O. BOX 2777 PALM BEACH FL 33480 US**

3. Date Incorporated or Qualified: **05/27/1992**
 3a. Date of Last Report: **01/25/1995**
 4. FEI Number: **NOT APPLICABLE**
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent: **CAPUTO, GINO 5420 N OCEAN DR 805 SINGER ISLAND FL 33404**
 10. Name and Address of New Registered Agent (81-84): **FL 85 Zip Code**

11. Pursuant to the provisions of Sections 607.0309 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUTO, GINO	2. NAME	
STREET ADDRESS	5420 N OCEAN DR	13. STREET ADDRESS	
CITY-STATE-ZIP	SINGER ISLAND FL	14. CITY-STATE-ZIP	
TITLE	VSD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUTO, ROSALBA	22. NAME	
STREET ADDRESS	5420 N OCEAN DR	23. STREET ADDRESS	
CITY-STATE-ZIP	SINGER ISLAND FL	24. CITY-STATE-ZIP	
TITLE	D	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUTO, MICHAEL	32. NAME	
STREET ADDRESS	5420 NORTH OCEAN DR #808	33. STREET ADDRESS	
CITY-STATE-ZIP	SINGER ISLAND FL	34. CITY-STATE-ZIP	
TITLE	D	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUTO, CONNIE	42. NAME	
STREET ADDRESS	185 GLOUCESTER GR.	43. STREET ADDRESS	
CITY-STATE-ZIP	TORONTO ON	44. CITY-STATE-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **GINO CAPUTO** *Jan. 19/96* **407 844-2279**

CR2E034 (12/95)