FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700003067 (2)

LOCKS OF LOVE INC.

FILED Mar 16 1998 8:00am Secretary of State

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Principal Plac	Mailing Address	dress			-	COM COM FAMILIE	il esibl ikil ie il	Billia Habi Habi	
1729 EAST COMMERCIAL BLVD SUITE 207 FT LAUDERDALE FL 33334		1729 EAST COMMERCIAL BLVD SUITE 207 FT LAUDERDALE FL 33334			3. Date Incorporated or 05/28/1997	Qualified	p		
i						4. REI Number	*****	A	pplied For
						650755.	<u> 572</u>	N	ot Applicable
2. Principal I	Place of Business	2a. Mailing Address 26				5. Certificate of Status D	esired		Additional equired
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Julte, Apt. #, etc.			6. Election Campaign Fir	ancing	\$5.00	May Be
22		27	···			Trust Fund Contribution	<u> </u>	Added t	o Fees
City & Sta		City & State	├ ─ '			7. Is this nonprofit corporation a homeowners association?			
Zip	Country Zip			try	-	8. This corporation owes or has paid the current year intangible			
24	9. Name and Address of Current Registered Agent		30	30		Personal Property Tax			No
	9. Name and Address of Curr	ent Registered Agent		1 Nar		10. Name and Address of	f New Registere	ed Agent	
40000			ſ	Nar Nar	110				
CORPORATE CREATIONS ENTERPRISES, INC.				Stre	et Addre	ess (P.O. Box Number is Not	Acceptable)		
4521 PGA BLVD #211 PALM BEACH GARDENS FL 33418			ē	13			*		
PALM DEAUTI GARDENS PL 33418									
			6	City			F	85 Zip	Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.									
SIGNATURE									
12.	Signature, typed or printed name of registered a	agent and title if applicable. (NO ND DIRECTORS		ont signs	ture required	d when reinstating)	DATE		
TITLE	D OFFICERS A	DELETE	13. 1.1 TITLI		ρ	ADDITIONS/CHANGES	TO OFFICERS A	Change	Addition
NAME	KNIGHT, PEGGY			1.2 NAME		an Mignolat			
STREET ADDRESS 1729 EAST COMMERCIAL BLVD SUITE 207						yo Subjet o	r. # 11	6 DY	
CITY-ST-ZIP	FT LAUDERDALE FL 33334		1.4 CITY		Fr		FL 3	33301	
TITLE	D	☐ DELETE	2.1 TITLE		1.,			Change	Addition
NAME	HENDLEY, WILLIAM			2.2 NAME					
STREET ADDRESS	1729 EAST COMMERCIAL B	ILVD SUITE 207	2.3 STREET ADDRESS		is .				
CITY-ST-ZIP				-\$T-ZIP					
TITLE	D ANION COMPTHEN	DELETE	3.1 TITLE 3.2 NAM	-				L Change	Addition
NAME CTOTET ADDRESS	GRANICK, COURTNEY SS 1729 EAST COMMERCIAL BLVD SUITE 207			-	_]				
STREET ADDRESS CITY-ST-ZIP	FT LAUDERDALE FL 33334			3.3 STREET ADDRESS : 3.4. CITY-ST-ZIP					
TITLE	I I CAUDENDALE IL 00004	DELETE	4.1 TITLE					Change	Addition
NAME				4, 2 NAME					,
STREET ADDRESS	s			4.3 STREET ADDRESS					
CITY-ST-ZIP	<u> </u>		4.4 City	4.4 City-St-ZIP					
TITLE	DELETE		5.1 TITLE	5.1 TITLE				Change	☐ Addition
name			5.2 NAMI	5.2 NAME					
STREET ADDRESS			5.3 STRE	5.3 STREET ADDRESS					
CITY-ST-ZIP				5.4 CITY-ST-ZIP					14.1100
TITLE		☐ DELETE	6.1 TITLE					Change	Addition
NAME OTREET ADDRESS			6.2 NAME		. [
STREET ADDRESS			6.3 STRE	et addres	S				ļ

4. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CIGNATURE.

- Ward

DECALIBRATES

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