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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
99 JUN 25 10:43

DOCUMENT # N9700003067  
1. Corporation Name  
LOCKS OF LOVE, INC.

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business: 1729 East Commercial Blvd. Ste. 207 Ft. Lauderdale, FL 33334  
Mailing Address: 1729 East Commercial Blvd. Ste. 207 Ft. Lauderdale, FL 33334

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2. Principal Place of Business 21 1640 S. Congress Avenue Suite, Apt. #, etc. 22 Suite 104 City & State 23 Palm Springs, Florida Zip 24 33461	2a. Mailing Address 26 1640 S. Congress Avenue Suite, Apt. #, etc. 27 Suite 104 City & State 28 Palm Springs, Florida Zip 29 33461	3. Date Incorporated or Qualified 05/28/97 4. FEI Number 65-0755522 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
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9. Name and Address of Current Registered Agent Corporate Creations Enterprises, Inc. 4521 PGA Boulevard #211 Palm Beach Gardens, FL 33418	10. Name and Address of New Registered Agent 81 Name Intrastate Registered Agent Corporation 82 Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue 83 84 City Miami, FL 85 Zip Code 33131-3209
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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: *William B. Sherman* William B. Sherman, Vice President 6/1/99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME Knight, Peggy	1.1 TITLE P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Coffman, Madonna
STREET ADDRESS 1729 East Commercial Blvd. St. 207	CITY-ST-ZIP Ft. Lauderdale, FL 33334	1.2 NAME	1.3 STREET ADDRESS 1640 S. Congress Avenue, St. 104
TITLE D <input type="checkbox"/> DELETE	NAME Hendley, William	1.4 CITY-ST-ZIP Palm Springs, FL 33461	2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1729 East Commercial Blvd. St. 207	CITY-ST-ZIP Ft. Lauderdale, FL 33334	2.2 NAME	2.2 NAME Beck, Christine
TITLE D <input checked="" type="checkbox"/> DELETE	NAME Mignolet, Jean	2.3 STREET ADDRESS 1640 S. Congress Avenue, St. 104	2.4 CITY-ST-ZIP Palm Springs, FL 33461
STREET ADDRESS 340 Sunset Drive #1609	CITY-ST-ZIP Ft. Lauderdale, FL 33334	3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME Ceasar, Mitchell
TITLE D <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS 1640 S. Congress Avenue, Ste. 104	3.4 CITY-ST-ZIP Palm Springs, FL 33461
STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME Leixner, Timothy C.
TITLE D <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS One East Broward Blvd. Ste. 1300	4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301
STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.2 NAME Shell, Doris
TITLE D <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS 1640 S. Congress Avenue, St. 104	5.4 CITY-ST-ZIP Palm Springs, FL 33461
STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME
TITLE D <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Madonna St. Coffman* Madonna Coffman 6-22-99 561-963-1677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)