

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L21910** (9)
1. Corporation Name
LOCKIE PRODUCTS, INC.



Principal Place of Business 950 OLD DIXIE HWY LAKE PARK FL 33403 US	Mailing Address PO BOX 91885 - 950 Old Dixie Hwy PALM BCH GDNS FL 33420-1885 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26 950 Old Dixie Hwy		3. Date Incorporated or Qualified 10/11/1989		3a. Date of Last Report 05/01/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0153582		Applied For Not Applicable	
City & State 23		City & State 28 Lake Park, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29 33403	Country 30 US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**MORTON, CHARLES W.
11578 FIR STREET
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name Lockie, Edward G.	
82 Street Address (P.O. Box Number is Not Acceptable) 11578 FIR Street	
83	
84 City Palm Beach Gardens, FL	85 Zip Code 33410

11. Pursuant to the provisions of Sections 607.0502 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 **Edward G. Lockie**

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	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKIE, EDWARD G.	1.2 NAME	
STREET ADDRESS	11578 FIR STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GDNS FL	1.4 CITY-ST-ZIP	
TITLE	DPT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, CHARLES W.	2.2 NAME	
STREET ADDRESS	11578 FIR STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GDNS FL	2.4 CITY-ST-ZIP	
TITLE	DVS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, SHARON A.	3.2 NAME	
STREET ADDRESS	11578 FIR STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETSEL, DOUGLAS G.	4.2 NAME	President
STREET ADDRESS	3121 AKEE STREET	4.3 STREET ADDRESS	Petset, Douglas G
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	3683 Holly Drive
TITLE	<input type="checkbox"/> DELETE	4.5 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE **Edward G. Lockie**

8-8-97

File 001-7311

CR2E034 (4/97)