


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90017 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L62106

1. Corporation Name
LOCKS AND WATERWAYS INTERNATIONAL, INC.

Principal Place of Business
2834 LONGLEAF ROAD
765 DATE PALM RD.
PANAMA CITY FL 32405
US

Mailing Address
2834 LONGLEAF ROAD
PANAMA CITY FL 32405
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8950 SW 56 ST. Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip 24 33165 Country 25 USA	2a. Mailing Address 26 8950 SW 56 ST. Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL Zip 29 33165 Country 30 USA
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3. Date Incorporated or Qualified 03/28/1990	Applied For Not Applicable
4. FEI Number 65-0208287	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MCNEW, JAMES R.
2834 LONGLEAF ROAD
PANAMA CITY FL 32405

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	8950 S.W. 56 ST
83	
84 City	MIAMI
85 State	FL
86 Zip Code	33165

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 **JAMES R. MCNEW**

3-26-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	LOPEZ, EUDORO	
STREET ADDRESS	171 NW 97 AVE., #316	
CITY-ST-ZIP	MIAMI FL	
TITLE	VSD	
NAME	MCNEW, JAMES R.	
STREET ADDRESS	2834 LONGLEAF RD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS	9145 SW 72 AVE. APT V-4	
1.4 CITY-ST-ZIP	MIAMI, FL 33156	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	8950 SW 56 ST.	
2.4 CITY-ST-ZIP	MIAMI, FL 33165	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 607, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-99

Date

(305) 453-3322

Daytime Phone #

CR2E034 (11/98)