


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

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>L68443</b> (5)					
1. Corporation Name <b>LOCKEY DISTRIBUTORS, INC.</b>					
Principal Place of Business <b>7305 NORTH AUGUSTA DRIVE SUITE 300-D MIAMI FL 33015 US</b>			Mailing Address <b>7305 NORTH AUGUSTA DRIVE SUITE 300-D MIAMI FL 33015-2053 US</b>		
2. Principal Place of Business 21 <b>7288 NW 25 ST</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>7288 NW 25 ST</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>04/26/1990</b>	
22 <b>MIAMI FL</b> City & State		27 <b>MIAMI FL</b> City & State		3a. Date of Last Report <b>04/26/1996</b>	
23 <b>33122</b> Zip		28 <b>33122</b> Zip		4. FEI Number <b>65-0188886</b>	
25 <b>USA</b> Country		29 <b>USA</b> Country		Applied For <input type="checkbox"/> Not Applicable	
9. Name and Address of Current Registered Agent <b>LEHRMAN, JEFFREY E. 2699 S. BAYSHORE DRIVE, 3000 MIAMI FL 33133</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 85 Zip Code	
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: _____ DATE: _____ <small>Sign the typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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 or changed, or on an attachment with an address.					



CR2E034 (9/96)

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-97 3055935300