

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

FILED

**Feb 03 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # P17793 (1)

1. Corporation Name
LOCKWOOD & HOLMES, INC.



Principal Place of Business 7660 PHILLIPS HIGHWAY SUITE 14 JACKSONVILLE FL 32256	Mailing Address 7660 PHILLIPS HIGHWAY SUITE 14 JACKSONVILLE FL 32256
-------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/27/1988	
21		26		4. FEI Number 58-1147879	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Country		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	
24		29		30	

9. Name and Address of Current Registered Agent RANGEL, JOHN J 7660 PHILLIPS HIGHWAY SUITE 14 JACKSONVILLE FL 32256				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKWOOD, SANDRA N	1.2 NAME	SANDRA N. LOCKWOOD
STREET ADDRESS	1 CORPORATE SQUARE, SUITE 110	1.3 STREET ADDRESS	221 N. ROSCOE BLVD
CITY-ST-ZIP	ATLANTA GA 30329	1.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	V. PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, KAREN A	2.2 NAME	KAREN A. ROGERS
STREET ADDRESS	1 CORPORATE SQUARE, SUITE 110	2.3 STREET ADDRESS	221 N. ROSCOE BLVD
CITY-ST-ZIP	ATLANTA GA 30329	2.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ABDI LAJEVARDI
STREET ADDRESS		3.3 STREET ADDRESS	18 SOUTH PEAK
CITY-ST-ZIP		3.4 CITY-ST-ZIP	LAGUNA NIGUEL, CA. 92677
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V. PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ALI BAYRAMI
STREET ADDRESS		4.3 STREET ADDRESS	23 OLD RANCH ROAD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LAGUNA NIGUEL, CA. 92677
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V. PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	FRED KEIVANSFAR
STREET ADDRESS		5.3 STREET ADDRESS	575 EVELYN PLACE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BEVERLY HILLS, CA. 90210
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V. PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	IASU GORFU
STREET ADDRESS		6.3 STREET ADDRESS	9852 STANFORD AVE.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	GARDEN GROVE, CA. 92641

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.

SIGNATURE: _____ **1-9-98 (904) 737-6911**

CR2E094 (10/97)