

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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90065 008 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P17793

1. Corporation Name
LOCKWOOD & HOLMES, INC.



DO NOT WRITE IN THIS SPACE

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

Mailing Address
 7660 PHILLIPS HIGHWAY
 SUITE 14
 JACKSONVILLE FL 32256

3. Date Incorporated or Qualified
01/27/1988

4. FEI Number
58-1147879

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LOCKWOOD, SANDRA N	
STREET ADDRESS	221 N ROSCOE BOVD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROGERS, KAREN A	
STREET ADDRESS	221 N ROSCOE BLVD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	LAJEVARDI, ABDI	
STREET ADDRESS	18 S PEAK	
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BAYRAMI, ALI	
STREET ADDRESS	23 OLD RANCH RD	
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KEIVANFAR, FRED	
STREET ADDRESS	575 EVELYN PLACE	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GORFU, IASU	
STREET ADDRESS	9852 STANFORD AVE	
CITY-ST-ZIP	GARDEN GROVE CA 92641	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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]* DATE **3/12/99** (904) 737-6911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2F034 (1/1/99)