SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #	P94000008621	(2)
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	LOCKSMI	THS, INC.									
Principal Place of Business Mailing Address								OOKI GOUL GOUL MA	III 0010 1 1014 0 0 0110	1188(1181 188)	
12772 MEADOWBREEZE DR 12772 MEADOWBREEZE WELLINGTON FL 33414 WELLINGTON FL 33414											
								3. Date Incorporated or 01/24/1994	Qualified 3	a. Date of Las 05/01/199	
2. Principal Pla	ace of Busine	ss	2a, Mailir	ig Address				4. FEI Number			Applied For
21			26	A = 6 (1) = 1 :-		· · · · · · ·		65-0469140			Not Applicable
Suite, Apt #	, etc		\vdash	Apt #, etc				5. Certificate of Status D	es red [""	1 .	5 Additional Required
City & State			27 Crtv 8	3 State				Cleating Compaign Fr			
23			28	, 0.0.0				6. Election Campaign Fr Trust Fund Contribution	~		00 May Be ed to Fees
<i>Z</i> ₁ p		Country	Zip		Co	untry		8. This corporation has			
24	2	5	29		30			Florida Statutes		s No	
	9, Name a	ind Address of Cur	rrent Registered	Agent		1		10. Name and Address	of New Registe	ered Agent	
	OB, LAWRE					61	Name				
	72 MEADOV	VBREEZE DR FL 33414					Street Add	dress (P.O. Box Number is Not Acceptable)			
						В3					
						84	City			FL 85 Z	ıp Code
11. Pursuant to	gistered age	ns of Sections 607.0 nt, or both, in the Sta	0502 and 607.150 ale of Florida Suc	8, Fiorida Statu	ites, the al	L_L bave-	named corp	poration submits this statemer con's board of directors. There	nt for the purpo:	se of changing	its registered s registered
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4. I do hereby certify that the ir formation supplied with this Hing is voluntarily turnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes, I further certify that the information indicated on this argual 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 as officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Biock 13 if charged or on an attachment with an address.

SIGNATURE:

GIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-40-46 561-795-8770