

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

**FILED**  
**Apr 13 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000031017 (3)**  
 1. Corporation Name  
**SOUTH ATLANTIC FINANCIAL SERVICES CORP.**



Principal Place of Business <b>1550 MADRUGA AVENUE                  SUITE 500                  CORAL GABLES FL 33146                  US</b>	Mailing Address <b>1111 12TH STREET                  SUITE 112                  KEY WEST FL 33040                  US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/20/1995**

4. FEI Number  
**65-0574856** Applied For  Not Applicable

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	22 City & State	27 City & State
23 Zip	25 Country	28 Zip	30 Country

9. Name and Address of Current Registered Agent

**CAPITAL CONNECTION  
 417 E. VIRGINIA STREET  
 SUITE 1  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name **JOHN M. LOCKWOOD**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1111 12th St. Suite 112**

83 **KEY WEST, FLA.**

84 City **FL** 85 Zip Code **33040**

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 *John M. Lockwood* (John M. Lockwood) DATE

Signature, typed or printed name of registrant agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LOCKWOOD, JOHN M</b>
STREET ADDRESS	<b>34 ALLAMANDA AVE.</b>
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LOCKWOOD, KAREN A.</b>
STREET ADDRESS	<b>34 ALLAMANDA AVENUE</b>
CITY-ST-ZIP	<b>KEY WEST FL</b>
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

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 as an attachment with an address.

SIGNATURE: *John M. Lockwood* 1/16/98 305-294-5103

CR2E034 (10/97)