

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000048885 (4)

1. Corporation Name

LOCKE FLORIDA PROPERTIES, INC.



Principal Place of Business

Mailing Address

7770 WEST OAKLAND PARK BLVD.
SUITE 100
SUNRISE FL 33351-6729

7770 WEST OAKLAND PARK BLVD.
SUITE 100
SUNRISE FL 33351-6729

2. Principal Place of Business

21 1100 S. POWERLINE ROAD

2a. Mailing Address

26 1100 S. POWERLINE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT 120

27 UNIT 120

City & State

City & State

23 DEERFIELD BEACH, FLORIDA

28 DEERFIELD BEACH, FLORIDA

Zip

Country

Zip

Country

24 33442

25 BROWARD

29 33442

30 BROWARD

3. Date Incorporated or Qualified

06/22/1995

3a. Date of Last Report

4. FEI Number

☒ 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SALOMONE, MICHAEL J
7770 WEST OAKLAND PARK BLVD.
SUITE 100
SUNRISE FL 33351-6729

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	JEFFREY LOCKE	
STREET ADDRESS	1100 S. POWERLINE ROAD	
CITY-ST-ZIP	DEERFIELD BEACH, FLORIDA 33442	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	JOHN LOCKE	
STREET ADDRESS	1100 S. POWERLINE ROAD	
CITY-ST-ZIP	DEERFIELD BEACH, FLORIDA 33442	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY LOCKE

4-25-96

Date

954-427-2782

Daytime Phone

CR2E034 (12/95)