

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90068 003 \*\*\*150.00

DOCUMENT # P96000008580

1. Corporation Name

LOCKWOOD FINANCIAL SERVICES GROUP INCORPORATED

Principal Place of Business

7177 WEST OAKLAND PARK BLVD.  
LAUDERHILL FL 33313

Mailing Address

7177 WEST OAKLAND PARK BLVD.  
LAUDERHILL FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1996

4. FEI Number

65-0636014

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2701 W. OAKLAND PARK BLVD  
Suite, Apt. #, etc.

22 SUITE #230

City & State

23 OAKLAND PARK, FL

Zip

24 33311

25

Country

2a. Mailing Address

26 1260 E. OAKLAND PARK BLVD  
Suite, Apt. #, etc.

27

City & State

28 FT. LAUDERDALE, FL

Zip

29 33334

30

Country

9. Name and Address of Current Registered Agent

FUHRMEISTER, CHRISTOPHER J.  
7177 W. OAKLAND PK BLVD  
SUITE B  
LAUDERHILL FL 33313

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1260 E. OAKLAND PARK BLVD.

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33334

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

(NOT E-Registered Agent signature required when reinstating)

DATE

4/23/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D

STREET ADDRESS GALLANT, GLENN M

CITY-ST-ZIP 5596 BAYVIEW DRIVE

FT. LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME D

STREET ADDRESS FUHRMEISTER, J C

CITY-ST-ZIP 2200 N.E. 16TH COURT

FT. LAUDERDALE FL 33305

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1260 E. OAKLAND PARK BLVD

2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33334

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 (454) 630-0001

CR2E034 (11/98)