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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90181 023 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000008598

1. Corporation Name

LOCKWOOD MANAGEMENT GROUP, INC.



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

65-0636018

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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 1260 E. OAKLAND PARK BLVD

Suite, Apt. #, etc.

22 City & State

23 FT. LAUDERDALE, FL

Zip Country

24 33334 25

2a. Mailing Address

26 1260 E. OAKLAND PARK BLVD

Suite, Apt. #, etc.

27 City & State

28 FT. LAUDERDALE, FL

Zip Country

29 33334 30

9. Name and Address of Current Registered Agent

FUHRKEISTER, J. CHRISTOPHER
7177 W OAKLAND PARK BLVD
LAUDERHILL FL 33513

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 607.1508, 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

(NOT: Registered Agent signature required when reinstating)

4/22/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GALLANT, GLENN M
STREET ADDRESS 5596 BAYVIEW DRIVE
CITY-STATE-ZIP FT. LAUDERDALE FL 33306

TITLE D ☐ DELETE

NAME FUHRMEISTER, J C
STREET ADDRESS 2200 N.E. 16TH COURT
CITY-STATE-ZIP FT. LAUDERDALE FL 33305

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

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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

4/22/99

(954) 630-0001

Date

Daytime Phone #

CR2E034 (1/98)