

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90032 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000055803

1. Corporation Name
 LOCKSMART, INC.



Principal Place of Business: 1120 ALETHA AVENUE NW, PORT CHARLOTTE FL 33948
 Mailing Address: 1120 ALETHA AVENUE NW, PORT CHARLOTTE FL 33948

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 06/20/1997

4. FEI Number: 65-0762885

5. Certificate of Status Desired: Applied For, Not Applicable. Fee: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$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 (21-24) and 2a. Mailing Address (25-29) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

MUSALL, VICKIE L
 1120 ALETHA AVENUE NW
 PORT CHARLOTTE FL 33948

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 signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input type="checkbox"/> DELETE	NAME: MUSALL, VICKIE L	1.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	LARRY J. MUSALL
STREET ADDRESS: 1120 ALETH AVENUE NW	CITY-ST-ZIP: PORT CHARLOTTE FL 33948	1.2 NAME: LARRY J. MUSALL	1.3 STREET ADDRESS: 1120 ALETHA AVENUE
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: KEFFER, KUYLER A	1.4 CITY-ST-ZIP: PORT CHARLOTTE, FLORIDA 33948	
STREET ADDRESS: 6018 DAVID BLVD	CITY-ST-ZIP: PORT CHARLOTTE FL 33981	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> 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: *Tickie L Musall* ✓ Date: 4-30-99 (913) 655-4200

CR2E034 (1/98)