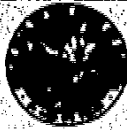


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**
95 APR 19 PM 4:15
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 600387 (5)
1. Corporation Name
LKE, INC.

Principal Place of Business
**275 N E 8TH STREET
DELRAY BEACH FL 33444**

Mailing Address
**P.O. BOX 1497
DELRAY BCH. FL 33447**

DO NOT WRITE IN THIS SPACE.

2. Date Incorporated or Qualified **06/27/1968** 3a. Date of Last Report **03/15/1994**
4. FEI Number **59-1213505** 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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent
**LYNCH, HAROLD J. JR., M.D.
275 NE 8TH ST
DELRAY BCH FL 33444**

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME LYNCH, HAROLD J. JR.
STREET ADDRESS 10772 TAMARISK TRAIL QUAIL RIDGE
CITY-ST-ZIP BOYNTON BCH., FL 33436
TITLE DV
NAME KENNEMER, ALFRED A.
STREET ADDRESS 3240 RIDGE LANE
CITY-ST-ZIP BOYNTON BCH., FL 33435
TITLE DST
NAME EARNHART, WILLIAM R.
STREET ADDRESS 4820 S. LAKE DR.
CITY-ST-ZIP BOYNTON BCH., FL 33436
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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
2.4 CITY-ST-ZIP
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: *Harold J. Lynch Jr.* President April 7, 1995 907-737-2839
SIGNATURE AND TYPED OR PRINTED NAME OF MOVING OFFICER OR DIRECTOR
HAROLD J. LYNCH, JR. M.D., PRESIDENT