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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

121

FILED May 04 1998 8:00am Secretary of State

L. U.	Name K., INCORP	ORATED													
•	e of Business			ailing Address					. maint mill Abla	ii iaisi (airi sa	110 1101 01011			844 B1841 4881	
4380 VINKEMULDER ROAD COCONUT CREEK FL 33073 4380 VINKEMULDER ROAD COCONUT CREEK FL 33073							DO NOT WRITE IN THIS SPACE								
								3. Dat	te Incorporated			13 31 AC	-		
								1 .	06/24/1976						
2. Principal P	Place of Busines	S	28.	Mailing Address					Number			[Ap	plied For	
21			26						59-177760	4		[_	t Applicable	
Suite, Apt.	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired					\$8.75 Additional Fee Required		
City & Stat	te		1_,	City & State				6, Ele	ction Campaig	n Financing		\$	5.00	May Be	
23			28	·	···			Tru	st Fund Contrib	oution			dded t	o Fees	
Zip	 	Country	<u> </u>	Z ip	Coun	ntry			s corporation o		•		-	. "	
14	25 0. Name as	d Address of Curre	29 nt Regist	tered Anent	30				sonal Property me and Addre			Yes		No	
· · · · · · · · · · · · · · · · · · ·	(LOCKZIEM, L		iit iiogisi	teren Agent	-	81 N	ame	10. 1141	ille alla Auare	SE OI IVEN I	ueAistere	IU Ageni	,		
	1360 VINKEMU				Ļ			45.5	Á. H. H.	47-14					
		EEK FL 33067				82 St	reet Addre	9\$\$ (P.O. I	Box Number is	Not Accept	labie)				
					ļī.	B3						***			
					ļ.,	B4 Ci	6.					loc loc	Zip (
						P41 (ιγ				_	85	Zipt	,OGB	
office or r	registered agen	s of Sections 607.056 t, or both, in the State	e of Florid	fa. Such change wa	itutes, the ab	ove-na by the	med corno	oration su on's board	ibmits this state d of directors.	ement for the I hereby acc	purpose cept the a	of chan	ging it: ent as	registered registered	
office or r agent. I a SIGNATURE	registered agen am familiar with,	t, or both, in the State and accept the oblig winted name of registered ag	e of Florid jations of	la Such change wi , Section 607.0505, If applicable (I	atutes, the ab as authorized Florida Statu NOTE Registered	ove-na by the ites.	med corpo corporatio	on's board	d of directors.	I hereby acc	purpose cept the a	of chan ppointm	ent as	regištered	
office or r agent. I a SIGNATURE	registered agen am familiar with, Signature, typed or p	t, or both, in the State and accept the oblig	e of Florid jations of	da Such change wa, Section 607.0505, of applicable (I	atutes, the ab as authorized Florida Statu NOTE Registered	ove-na by the ites.	med corpo corporatio	on's board	d of directors.	I hereby acc	purpose cept the a	of chan ppointm ND DIRE	ent as	registered S IN 12	
office or ragent. I a SIGNATURE 12. IIILE	registered agen am familiar with, Signature, typed or p	t, or both, in the State and accept the oblig sinted name of registered as OFFICERS AN	e of Florid jations of	la Such change wi , Section 607.0505, If applicable (I	ntutes, the abas authorized Florida Statu	ove-na by the ites.	med corpo corporatio	on's board	d of directors.	I hereby acc	purpose cept the a	of chan ppointm	ent as	regištered	
office or ragent. I a SIGNATURE 12. TIILE NAME	registered agen am familiar with, Signature typed or p PD KLOCKZ	t, or both, in the State and accept the oblig switted name of registered as OFFICERS AN	e of Florid pations of percand trie ID DIREC	da Such change wa, Section 607.0505, of applicable (I	atutes, the abas authorized Florida Statu VOTE Registered 13. 1.1 TITL 1.2 NAM	ove-na by the ites. Agent sig	med corporation corporation	on's board	d of directors.	I hereby acc	purpose cept the a	of chan ppointm ND DIRE	ent as	registered S IN 12	
office or ragent. I a SIGNATURE 12. TIILE NAME STREET ADDRESS	registered agen am familiar with, Signature, typed or p PD KLOCKZI 4380 VIN	t, or both, in the State and accept the oblig switted name of registered as OFFICERS AN EM, LOUIS C. KEMULDER ROAD	e of Florid pations of percand trie ID DIREC	da Such change wa, Section 607.0505, of applicable (I	atutes, the abas authorized Florida Statu NOTE Registered 13. 1.1 TITL 12 NAN 1.3 STR	ove-na by the tes. Agent sig E	med corporation corporation	on's board	d of directors.	I hereby acc	purpose cept the a	of chan ppointm ND DIRE	ent as	registered S IN 12	
office or ragent. I a SIGNATURE 12. TIILE NAME STREET ADDRESS CITY-ST-ZIP	registered agen am familiar with, Signature, typed or p PD KLOCKZI 4380 VIN	t, or both, in the State and accept the oblig switted name of registered as OFFICERS AN	e of Florid pations of percand trie ID DIREC	da Such change wa, Section 607.0505, of applicable (I	atutes, the abas authorized Florida Statu NOTE Registered 13. 1.1 TITL 12 NAN 1.3 STR	ove-na by the lites. Agent sig E E ME SEET ADDR	med corporation corporation	on's board	d of directors.	I hereby acc	purpose cept the a	of chan ppointm ND DIRE	CTOR	registered S IN 12	
office or ragent. I a SIGNATURE 12. TIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agen am familiar with, Signature, typed or p PD KLOCKZI 4380 VIN	t, or both, in the State and accept the oblig switted name of registered as OFFICERS AN EM, LOUIS C. KEMULDER ROAD	e of Florid pations of percand trie ID DIREC	da Such change w., Section 607.0505, If applicable (I	atutes, the ab as authorized Florida Statu NOTE Registered 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT	OVE-na by the by the steet. Agent sign E ME EEET ADDF Y-ST-ZIP	med corporation corporation	on's board	d of directors.	I hereby acc	purpose cept the a	of chan ppointment	CTOR	S IN 12	
office or ragent. I a SIGNATURE 12. TIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agen am familiar with, Signature, typed or p PD KLOCKZI 4380 VIN	t, or both, in the State and accept the oblig switted name of registered as OFFICERS AN EM, LOUIS C. KEMULDER ROAD	e of Florid pations of percand trie ID DIREC	da Such change w., Section 607.0505, If applicable (I	atutes, the ablas authorized Florida Statu NOTE Registered 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT' 2.1 TITL 2.2 NAN	OVE-na by the by the steet. Agent sign E ME EEET ADDF Y-ST-ZIP	med corpo e corporatio	on's board	d of directors.	I hereby acc	purpose cept the a	of chan ppointment	CTOR	S IN 12	
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agen am familiar with, Signature, typed or p PD KLOCKZI 4380 VIN	t, or both, in the State and accept the oblig switted name of registered as OFFICERS AN EM, LOUIS C. KEMULDER ROAD	e of Florid pations of percand trie ID DIREC	da Such change w., Section 607.0505, If applicable (I	atutes, the ablas authorized Florida Statu NOTE Registered 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT' 2.1 TITL 2.2 NAN 2.3 STR	OVE-na by the by the stes. Agent sign. E. W.E. ST-ZIP E. M.E. ST-ZIP E. M.E. M.E. M.E. M.E. M.E. M.E. M.E.	med corpo e corporation meturo requires	on's board	d of directors.	I hereby acc	purpose cept the a	of chan ppointment	CTOR	S IN 12	
office or ragent. I a SIGNATURE 12. TIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agen am familiar with, Signature, typed or p PD KLOCKZI 4380 VIN	t, or both, in the State and accept the oblig switted name of registered as OFFICERS AN EM, LOUIS C. KEMULDER ROAD	e of Florid pations of percand trie ID DIREC	da Such change w., Section 607.0505, If applicable (I	atutes, the ablas authorized Florida Statu NOTE Registered 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT' 2.1 TITL 2.2 NAN 2.3 STR	OVE-na by the by the sides. Agent sign. E. W.E. E.	med corpo e corporation meturo requires	on's board	d of directors.	I hereby acc	purpose cept the a	o of chan ppointm ND DIRE	CTOR	S IN 12	
office or ragent. I a SIGNATURE 12. TIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agen am familiar with, Signature, typed or p PD KLOCKZI 4380 VIN	t, or both, in the State and accept the oblig switted name of registered as OFFICERS AN EM, LOUIS C. KEMULDER ROAD	e of Florid pations of percand trie ID DIREC	da Such change w., Section 607.0505, If applicable (I	atutes, the ablas authorized Florida Statu NOTE Registered 13. 1.1 TITL 12 NAN 1.3 STR 1.4 CIT' 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN	Agent signatures. Agent signatures. Agent signatures. E ME	med corpo e corporatio	on's board	d of directors.	I hereby acc	purpose cept the a	o of chan ppointm ND DIRE	CTOR hange	S IN 12 Addition	
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	registered agen am familiar with, Signature, typed or p PD KLOCKZI 4380 VIN	t, or both, in the State and accept the oblig switted name of registered as OFFICERS AN EM, LOUIS C. KEMULDER ROAD	e of Florid pations of percand trie ID DIREC	da Such change w., Section 607.0505, If applicable (I	atutes, the ablas authorized Florida Statu NOTE Registered 13. 1.1 TITL 12 NAN 1.3 STR 1.4 CIT' 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR	Agent signed at the state of th	ned corporation corporation requires	on's board	d of directors.	I hereby acc	purpose cept the a	o of chan ppointm ND DIRE	CTOR hange	S IN 12 Addition	
Office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agen am familiar with, Signature, typed or p PD KLOCKZI 4380 VIN	t, or both, in the State and accept the oblig switted name of registered as OFFICERS AN EM, LOUIS C. KEMULDER ROAD	e of Florid pations of percand trie ID DIREC	Ja Such change w., Section 607,0505, If applicable (I	atutes, the ablas authorized Florida Statu NOTE Registered 13. 1.1 TITL 12 NAN 1.3 STR 1.4 CIT* 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 32 NAN 33 STR 3.4 CIT	OVE-na by the tes. Agent sig E ME EET ADDF Y-ST-ZIP E EET ADDF Y-ST-ZIP E EET ADDF Y-ST-ZIP E EET ADDF Y-ST-ZIP	ned corporation corporation requires	on's board	d of directors.	I hereby acc	purpose cept the a	o of chan ppointm ND DIRE Co	ECTOR hange	S IN 12 Addition Addition	
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agen am familiar with, Signature, typed or p PD KLOCKZI 4380 VIN	t, or both, in the State and accept the oblig switted name of registered as OFFICERS AN EM, LOUIS C. KEMULDER ROAD	e of Florid pations of percand trie ID DIREC	da Such change w., Section 607.0505, If applicable (I	atutes, the ablas authorized Florida Statu NOTE Registered 13. 1.1 TITL 12 NAN 1.3 STR 1.4 CIT' 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR 3.4 CIT 4.1 TITL	OVE-THAN OVE THE STANDARD TO STANDARD THE ST	med corpo e corporation meturo requires	on's board	d of directors.	I hereby acc	purpose cept the a	o of chan ppointm ND DIRE	ECTOR hange	S IN 12 Addition	
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agen am familiar with, Signature, typed or p PD KLOCKZI 4380 VIN	t, or both, in the State and accept the oblig switted name of registered as OFFICERS AN EM, LOUIS C. KEMULDER ROAD	e of Florid pations of percand trie ID DIREC	Ja Such change w., Section 607,0505, If applicable (I	atutes, the ablas authorized Florida Statu- NOTE Registered 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT' 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAN	OVE-THAN OVE THE STATE OF THE STATE OVER THE STATE	RESS	on's board	d of directors.	I hereby acc	purpose cept the a	o of chan ppointm ND DIRE Co	ECTOR hange	S IN 12 Addition Addition	
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agen am familiar with, Signature, typed or p PD KLOCKZI 4380 VIN	t, or both, in the State and accept the oblig switted name of registered as OFFICERS AN EM, LOUIS C. KEMULDER ROAD	e of Florid pations of percand trie ID DIREC	Ja Such change w., Section 607,0505, If applicable (I	atutes, the ablas authorized Florida Statu- NOTE Registered 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT' 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAN 4.3 STR	OVE-THAN OVER THE STANDARD TO STANDARD THE S	RESS PARESS	on's board	d of directors.	I hereby acc	purpose cept the a	o of chan ppointm ND DIRE Co	ECTOR hange	S IN 12 Addition Addition	
office or ragent. I a SIGNATURE 12. TIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agen am familiar with, Signature, typed or p PD KLOCKZI 4380 VIN	t, or both, in the State and accept the oblig switted name of registered as OFFICERS AN EM, LOUIS C. KEMULDER ROAD	e of Florid pations of percand trie ID DIREC	Ja Such change w., Section 607,0505, If applicable (I	atutes, the ablas authorized Florida Statu- NOTE Registered 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT' 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAN 4.3 STR	OVE-TO OVE TO OV	RESS PARESS	on's board	d of directors.	I hereby acc	purpose cept the a	of chan ppointm ND DIRE Co	ECTOR hange	S IN 12 Addition Addition	
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agen am familiar with, Signature, typed or p PD KLOCKZI 4380 VIN	t, or both, in the State and accept the oblig switted name of registered as OFFICERS AN EM, LOUIS C. KEMULDER ROAD	e of Florid pations of percand trie ID DIREC	JA Such change w., Section 607,0505, If applicable (III) IDELETE DELETE DELETE	atutes, the ablas authorized Florida Statu NOTE Registered 13. 1.1 TITL 12 NAN 1.3 STR 1.4 CIT' 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT'	OVE-TO OVE TO OV	RESS PARESS	on's board	d of directors.	I hereby acc	purpose cept the a	of chan ppointm ND DIRE Co	ECTOR hange	S IN 12 Addition Addition Addition	
Office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agen am familiar with, Signature, typed or p PD KLOCKZI 4380 VIN	t, or both, in the State and accept the oblig switted name of registered as OFFICERS AN EM, LOUIS C. KEMULDER ROAD	e of Florid pations of percand trie ID DIREC	JA Such change w., Section 607,0505, If applicable (III) IDELETE DELETE DELETE	atutes, the ablas authorized Florida Statu- NOTE Registered 13. 1.1 TITL 12 NAN 1.3 STR 1.4 CIT- 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT- 3.1 TITL 3.2 NAN 3.3 STR 3.4 CIT- 4.2 NAN 4.3 STR 4.4 CIT- 5.1 TITL 5.2 NAN	OVE-TO OVE TO OV	RESS	on's board	d of directors.	I hereby acc	purpose cept the a	of chan ppointm ND DIRE Co	ECTOR hange	S IN 12 Addition Addition Addition	
Office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	registered agen am familiar with, Signature, typed or p PD KLOCKZI 4380 VIN	t, or both, in the State and accept the oblig switted name of registered as OFFICERS AN EM, LOUIS C. KEMULDER ROAD	e of Florid pations of percand trie ID DIREC	JA Such change w., Section 607,0505, If applicable (III) IDELETE DELETE DELETE	atutes, the ablas authorized Florida Statu- NOTE Registered 13. 1.1 TITL 12 NAN 1.3 STR 1.4 CIT' 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAN 4.3 STR 4.4 CIT' 5.1 TITL 5.2 NAN 5.3 STR	OVE-THAN OVE THE STATE OF THE STATE OF THE STATE OF THE STATE OVER	RESS RESS RESS	on's board	d of directors.	l hereby acc	purpose cept the a	of chan ppointm ND DIRE Co	ECTOR hange	S IN 12 Addition Addition Addition	
Office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agen am familiar with, Signature, typed or p PD KLOCKZI 4380 VIN	t, or both, in the State and accept the oblig switted name of registered as OFFICERS AN EM, LOUIS C. KEMULDER ROAD	e of Florid pations of percand trie ID DIREC	JA Such change w., Section 607,0505, If applicable (III) IDELETE DELETE DELETE	atutes, the ablas authorized Florida Statu- NOTE Registered 13. 1.1 TITL 12 NAN 1.3 STR 1.4 CIT' 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAN 4.3 STR 4.4 CIT' 5.1 TITL 5.2 NAN 5.3 STR	OVY-NA OVY-OVA OVY-OVA OVY-OVA OVY-OVA OVY-OVA OVY-OVA OVY-OVA OVA OVY-OVA OVA OVA OVA OVA OVA OVA OVA OVA OVA	RESS RESS RESS	on's board	d of directors.	l hereby acc	purpose cept the a	of chan ppointm ND DIRE Co	ECTOR hange	S IN 12 Addition Addition Addition	
Office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agen am familiar with, Signature, typed or p PD KLOCKZI 4380 VIN	t, or both, in the State and accept the oblig switted name of registered as OFFICERS AN EM, LOUIS C. KEMULDER ROAD	e of Florid pations of percand trie ID DIREC	JA Such change w. Section 607.0505, If applicable (III) DELETE DELETE DELETE DELETE	atutes, the ablas authorized Florida Statu- NOTE Registered 13. 1.1 TITL 12 NAN 1.3 STR 1.4 CIT- 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT- 3.1 TITL 3.2 NAN 3.3 STR 3.4 CIT- 4.1 TITL 4.2 NAN 4.3 STR 4.4 CIT- 5.1 TITL 5.2 NAN 5.3 STR 5.4 CIT- 5.3 STR 5.4 CIT- 5.4 CIT- 5.5 STR 5.4 CIT- 5.5 STR	OVE-TOOL OVE-TOOL Agent sig E AE EEET ADDF EET ADF EET ADDF EET ADF EET ADDF EET ADDF EET ADDF EET ADF EET AD	RESS RESS RESS	on's board	d of directors.	l hereby acc	purpose cept the a	o of chan ppointm ND DIRE Co	ECTOR hange	S IN 12 Addition Addition Addition Addition	
Office of agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agen am familiar with, Signature, typed or p PD KLOCKZI 4380 VIN	t, or both, in the State and accept the oblig switted name of registered as OFFICERS AN EM, LOUIS C. KEMULDER ROAD	e of Florid pations of percand trie ID DIREC	JA Such change w. Section 607.0505, If applicable (III) DELETE DELETE DELETE DELETE	atutes, the ablas authorized Florida Statu NOTE Registered 13. 1.1 TITL 12 NAN 1.3 STR 1.4 CIT 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 4.2 NAN 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAN 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAN 5.3 STR 5.4 CIT 6.1 TITL 6.2 NAN 5.3 STR 5.4 CIT 6.1 TITL 6.2 NAN 5.3 STR 5.4 CIT 6.1 TITL 6.2 NAN 5.3 STR 5.4 CIT 6.2 NAN 5.3 STR 6.1 TITL 6.2 NAN 5.3 STR 5.4 CIT 6.2 NAN 5.3 STR 6.3 NAN 5.3 STR 6.3 NAN 5.3 STR 6.3 NAN 5.3 STR 5.4 CIT 6.2 NAN 5.3 STR 6.3 NAN 5.3 STR	OVE-TOOL OVE-TOOL Agent sig E AE EEET ADDF EET ADF EET ADDF EET ADF EET ADDF EET ADDF EET ADDF EET ADF EET AD	RESS PRESS RESS	on's board	d of directors.	l hereby acc	purpose cept the a	o of chan ppointm ND DIRE Co	ECTOR hange	S IN 12 Addition Addition Addition Addition	

port as required by Chapter 607, Florida Statutes; and that my name appears in

(954) 973-7390