

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 2497
DELRAY BCH. FL 33447

3. Date Incorporated or Qualified 06/27/1968 3a. Date of Last Record 04/19/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 C/O T.A. SMITH	26	59-1213505	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 96 NE 4TH AVENUE	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 DELRAY BEACH, FL	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	29	Country
24 33483	25 USA	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 SAME
82 Street Address (P.O. Box Number is Not Acceptable)
10772 TAMARISK TRAIL - QUAIL RIDGE
83
84 City BOYNTON BEACH FL 85 Zip Code 33436

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 *Harold J. Lynch, Jr. - President*

HAROLD J. LYNCH, JR. 3/7/96

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, HAROLD J. JR.	1.2 NAME	
STREET ADDRESS	10772 TAMARISK TRAIL QUAIL RIDGE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BCH., FL 33436	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEMER, ALFRED A.	2.2 NAME	
STREET ADDRESS	3240 RIDGE LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BCH., FL 33435	2.4 CITY - ST - ZIP	
TITLE	DST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARNHART, WILLIAM R.	3.2 NAME	
STREET ADDRESS	4820 S. LAKE DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOYTON BCH., FL 33436	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(3)(k), 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*

HAROLD J. LYNCH, JR., PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)