

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

FILED  
Mar 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F39022** (1)  
1. Corporation Name  
**LK MANAGEMENT, INC.**



Principal Place of Business <b>C/O LEONARD LATZ 15881 SW 14 STREET PEMBROKE PINES FL 33027 US</b>	Mailing Address <b>C/O LEONARD KATZ 15881 SW 14 STREET PEMBROKE PINES FL 33027 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>06/02/1981</b>	
4. FEI Number <b>59-2100816</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>KATZ, LEONARD 15881 SW 14 STREET PEMBROKE PINES FL 33027</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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	<b>DPS</b>	<input type="checkbox"/> DELETE	1.1 TITLE	1.2 NAME			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATZ, LEONARD</b>		1.3 STREET ADDRESS	<b>15881 SW 14 STREET</b>			
STREET ADDRESS	<b>10525 S W 131ST COURT</b>		1.4 CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33027</b>			
CITY-ST-ZIP	<b>MIAMI, FLORIDA 00000</b>		2.1 TITLE	<b>VP</b>			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE	2.2 NAME	<b>15881 SW 14 ST.</b>			
NAME	<b>KATZ, ADAM</b>		2.3 STREET ADDRESS	<b>PEMBROKE PINES, FL 33027</b>			
STREET ADDRESS	<b>10525 SW 131 CT</b>		2.4 CITY-ST-ZIP	<b>DVP.</b>			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	<b>MIAMI FL</b>		3.1 TITLE	<b>BRIAN KATZ.</b>			
TITLE		<input type="checkbox"/> DELETE	3.2 NAME	<b>15881 SW 14 ST.</b>			
NAME			3.3 STREET ADDRESS	<b>PEMBROKE PINES, FL 33027.</b>			
STREET ADDRESS			3.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			4.1 TITLE				
TITLE		<input type="checkbox"/> DELETE	4.2 NAME				
NAME			4.3 STREET ADDRESS				
STREET ADDRESS			4.4 CITY-ST-ZIP				
CITY-ST-ZIP			5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.2 NAME				
NAME			5.3 STREET ADDRESS				
STREET ADDRESS			5.4 CITY-ST-ZIP				
CITY-ST-ZIP			6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.2 NAME				
NAME			6.3 STREET ADDRESS				
STREET ADDRESS			6.4 CITY-ST-ZIP				
CITY-ST-ZIP							

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 to this report.

SIGNATURE: *Leonard Katz* 3/23/98 305 358-7710

CR2E034 (10/97)