

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90086 009 ***150.00

DOCUMENT # F39022

1. Corporation Name
LK MANAGEMENT, INC.

Principal Place of Business

C/O LEONARD LATZ
15881 SW 14 STREET
PEMBROKE PINES FL 33027
US

Mailing Address

C/O LEONARD KATZ
15881 SW 14 STREET
PEMBROKE PINES FL 33027
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1981

4. FEI Number

59-2100816

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

i Suite, Apt. #, etc.

2 City & State

3 Zip Country

4 25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

Country

30

9. Name and Address of Current Registered Agent

KATZ, LEONARD
15881 SW 14 STREET
PEMBROKE PINES FL 33027

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

2. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
KATZ, LEONARD
STREET ADDRESS
15881 SW 14TH ST
CITY-ST-ZIP
PEMBROKE PINES FL 33027

1.2 TITLE ☐ DELETE

NAME
KATZ, ADAM
STREET ADDRESS
15881 SW 14TH ST
CITY-ST-ZIP
PEMBROKE PINES FL 33027

1.3 TITLE ☐ DELETE

NAME
BRIAN KATZ
STREET ADDRESS
15881 SW 14TH ST
CITY-ST-ZIP
PEMBROKE PINES FL 33027

1.4 TITLE ☐ DELETE

NAME
BRIAN KATZ
STREET ADDRESS
15881 SW 14TH ST
CITY-ST-ZIP
PEMBROKE PINES FL 33027

1.5 TITLE ☐ DELETE

NAME
BRIAN KATZ
STREET ADDRESS
15881 SW 14TH ST
CITY-ST-ZIP
PEMBROKE PINES FL 33027

1.6 TITLE ☐ DELETE

NAME
BRIAN KATZ
STREET ADDRESS
15881 SW 14TH ST
CITY-ST-ZIP
PEMBROKE PINES FL 33027

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 all addresses, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99 305 358-0592

Daytime Phone #

CR2E034 (11/98)