

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002418

Entity Name: LGK, INC.

FILED  
Jan 09, 2004  
Secretary of State

## Current Principal Place of Business:

18470 LONG LAKE DR  
BOCA RATON, FL 33496

## New Principal Place of Business:

499 NE MIDVALE ST  
PORT ST LUCIE, FL 34983

## Current Mailing Address:

18470 LONG LAKE DR  
BOCA RATON, FL 33496

## New Mailing Address:

499 NE MIDVALE ST  
PORT ST LUCIE, FL 34983

FEI Number: 65-0650965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KUPPERMAN, PHILIP G  
19706 BAY COVE DR  
BOCA RATON, FL 33434 US

## Name and Address of New Registered Agent:

MARCUS, IRVING  
980 N. FEDERAL HWY  
#430  
BOCA RATON, FL 33432 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LESLIE KAPLAN

01/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KAPLAN, GREG  
Address: 18470 LONG LAKE DR  
City-St-Zip: BOCA RATON, FL 33496

Title: VP ( ) Delete  
Name: KAPLAN, LESLIE  
Address: 18470 LONG LAKE DR  
City-St-Zip: BOCA RATON, FL 33496

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KAPLAN, GREG  
Address: 499 NE MIDVALE ST  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VP (X) Change ( ) Addition  
Name: KAPLAN, LESLIE  
Address: 499 NE MIDVALE ST.  
City-St-Zip: PORT ST. LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE KAPLAN

VP

01/09/2004

Electronic Signature of Signing Officer or Director

Date