

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J55491 (1)

1. Corporation Name

LK CONSULTANTS, INC.

Principal Place of Business

% KATHI DI MAURO
806 OCEAN DUNES CIR
JUPITER FL 33477
US

Mailing Address

% KATHI DI MAURO
806 OCEAN DUNES CIR
JUPITER FL 33477
US



2. Principal Place of Business

2a. Mailing Address

21 532 NW Lambrusco Dr.

26 532 Lambrusco Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Pt St. Lucie FL

28 Pt St. Lucie FL

Zip

Country

Zip

Country

24 34986

25 USA

29 34986

30 USA

9. Name and Address of Current Registered Agent

DI MAURO, KATHI
806 OCEAN DUNES CIR.
JUPITER FL 33447

3. Date Incorporated or Qualified

02/02/1987

3a. Date of Last Report

04/17/1995

4. FET Number

59-2764738

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Kathi Di Mauro

82 Street Address (P.O. Box Number is Not Acceptable)

532 NW Lambrusco Dr.

83

84 City

Pt St. Lucie

FL

85 Zip Code

34986

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

Kathi Di Mauro
Signature of typed or printed name of registered agent and date of signature

KATHI DI MAURO, VP

Date of Signature (typed or printed)

4/16/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DPT
DI MAURO, LAURENCE
STREET ADDRESS 806 OCEAN DUNES CIR
CITY-STATE-ZIP JUPITER FL

TITLE ☐ DELETE

NAME DVS
DI MAURO, KATHI
STREET ADDRESS 806 OCEAN DUNES CIR
CITY-STATE-ZIP JUPITER FL

TITLE ☐ DELETE

NAME AS
DI MAURO, JOSEPH F.
STREET ADDRESS 1101 SEAFARER CIRCLE
CITY-STATE-ZIP JUPITER FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

532 Lambrusco Dr
Pt St. Lucie FL 34986

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

532 Lambrusco Dr.
Pt St. Lucie FL 34986

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

532 Lambrusco Dr.
Pt St. Lucie FL 34986

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

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6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

***200.00

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-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, changed only on an attachment with an address.

SIGNATURE:

Laurence Di Mauro

Laurence Di Mauro, Pres.

4/15/96

4078785825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE OF SIGNATURE

CR2E034 (12/95)

4-20-96