FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K22715** **(2)**

1. Corporate Name
L.K.L. ASSOCIATES, INC.

Principal Place of Business
1355 W. PALMETTO PARK ROAD
BOCA RATON FL 33486

Mailing Address
1355 W. PALMETTO PARK ROAD
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/02/1988**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
24 25 29 30

4. FEI Number: **65-0053468** — Applied For / Not Applicable
5. Certificate of Status (Inactive) ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has elected to be governed by Section 607.0901 Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOWARD, WILLIAM M.
4300 N. UNIVERSITY DR
SUITE #F-100
LAUDERHILL FL 33351

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 607.0505 and 607.1608, 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
Registered Agent (if applicable) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	KOHN, LAWRENCE	NAME	
STREET ADDRESS	7507 LA PAZ BLVD., #305	STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	CITY, ST, ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	KOHN, LENORE	NAME	
STREET ADDRESS	7507 LA PAZ BLVD., #305	STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is accurate and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. Further, I certify that the information indicated on the annual report or supplemental annual report to be mailed to persons other than officers, directors, or agents shall be furnished by us to persons entitled to receive the same upon request, or shall be furnished to persons upon request when required by Chapter 607, Florida Statutes, and that by further signature I certify I am a director, officer, or other agent authorized to execute this report.

SIGNATURE: Lawrence D. Kohn 4/28/95 (407) 394-6805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Telephone Number

0278284 CP