

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:17

DOCUMENT # **L18412** (1)

1. Corporation Name
LKSM, INC.

DO NOT WRITE IN THIS SPACE.

| | |
|--|--|
| Principal Place of Business 1300 BROOKHAVEN DR ORLANDO FL 32803 US | Mailing Address 1300 BROOKHAVEN DR ORLANDO FL 32803 US |
|--|--|

| | |
|---|--|
| 3. Date Incorporated or Qualified 09/26/1989 | 3a. Date of Last Report 02/18/1994 |
| 4. FEI Number 59-2969238 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

**BILL JOHN H ESQ
243 W PARK AVE
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| B1 Name | B5 Zip Code |
| B2 Street Address (P.O. Box Number is Not Acceptable) | FL |
| B3 | |
| B4 City | |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|---------------------------|
| TITLE | D |
| NAME | KALMIN, LANE |
| STREET ADDRESS | 1300 BROOKHAVEN DR |
| CITY - ST - ZIP | ORLANDO FL |
| TITLE | D |
| NAME | MEYERHOFF, SAMUEL |
| STREET ADDRESS | 1300 BROOKHAVEN DR |
| CITY - ST - ZIP | ORLANDO FL |
| TITLE | P |
| NAME | BILL JOHN |
| STREET ADDRESS | 959 CAROLINA AVE |
| CITY - ST - ZIP | WINTER PARK FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|---------------------------|--|
| 1.1 TITLE | O - VICE PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | JOEL KALMIN | |
| 1.3 STREET ADDRESS | 6102 F SKYLINE | |
| 1.4 CITY - ST - ZIP | HOUSTON TX 77057 | |
| 2.1 TITLE | O - SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | SHARI KALMIN SPIER | |
| 2.3 STREET ADDRESS | 1300 BROOKHAVEN DR | |
| 2.4 CITY - ST - ZIP | ORLANDO, FL 32803 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - 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)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 attached sheet with an address.

SIGNATURE: *Lane Kalmin* **LANE KALMIN** 1/18/95 713-977-4929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR