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FILED

Sep 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L41164 (9)
1. Corporation Name
L. K. ENTERPRISES OF VERO, INC.



Principal Place of Business

C/O LEE KLINETOBE
520 COCONUT PALM ROAD
VERO BEACH FL 32963

Mailing Address

C/O LEE KLINETOBE
520 COCONUT PALM ROAD
VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1990

4. FEI Number

59-2992530

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

HENDERSON, STEVE L.
MOSS, HENDERSON, BLANTON, LANIER & DEVON
817 BEACHLAND BLVD.
VERO BEACH FL 32963

81. Name

82. Street Address

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 type for public viewing of registered agent and officer/director

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
1.2 NAME
STREET ADDRESS
CITY- ST- ZIP
1.3 NAME
STREET ADDRESS
CITY- ST- ZIP
1.4 NAME
STREET ADDRESS
CITY- ST- ZIP
1.5 NAME
STREET ADDRESS
CITY- ST- ZIP
1.6 NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY- ST- ZIP ☐ Change ☐ Addition

1.5 NAME ☐ Change ☐ Addition

1.6 NAME ☐ Change ☐ Addition

1.7 STREET ADDRESS ☐ Change ☐ Addition

1.8 CITY- ST- ZIP ☐ Change ☐ Addition

1.9 NAME ☐ Change ☐ Addition

1.10 NAME ☐ Change ☐ Addition

1.11 STREET ADDRESS ☐ Change ☐ Addition

1.12 CITY- ST- ZIP ☐ Change ☐ Addition

1.13 NAME ☐ Change ☐ Addition

1.14 NAME ☐ Change ☐ Addition

1.15 STREET ADDRESS ☐ Change ☐ Addition

1.16 CITY- ST- ZIP ☐ Change ☐ Addition

1.17 NAME ☐ Change ☐ Addition

1.18 NAME ☐ Change ☐ Addition

1.19 STREET ADDRESS ☐ Change ☐ Addition

1.20 CITY- ST- ZIP ☐ Change ☐ Addition

1.21 NAME ☐ Change ☐ Addition

1.22 NAME ☐ Change ☐ Addition

1.23 STREET ADDRESS ☐ Change ☐ Addition

1.24 CITY- ST- ZIP ☐ Change ☐ Addition

14. 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 an address.

SIGNATURE:

Lee Klinetobe

CR2E034 (10/97)