SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # 1. Corporation Name LKBP, INC.

STREET ADDRESS

CITY-ST-ZIP

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

(5)

FILED Jul 23 1998 8:00am Secretary of State

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Principal Plac	ce of Bus iness	Mailing Address		7 (99)(887 110 110 110 110 110 110 110 110 110 11
RT #13, I-754		LKBP INC		
P.O. BOX 1082 LAKE CITY FL 32055		1971 UNIVERSITY AVE RIVERSIDE CA 92507		DO NOT WRITE IN THIS SPACE
	***************************************	US		3. Date Incorporated or Qualified
				08/28/1989
	Place of Business	2a. Mailing Address	0	4. FEI Number Applied For
21		26 2185 Mt.	Sign rew/	59-2963454 Not Applicable
Suite, Apt.	. #, eto.	Suite, Apt. #, etc.		S Certificate of Status Desired \$8.75 Additional
22	40	City & State		Fee Required
City & Sta	te	28 MORAIW	GA	6. Election Campaign Financing Trust Fund Contribution
Zip	Country	20 7770727	Country	8. This corporation owes or has paid the current year Intangible
24	25	29 30260	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre			10. Name and Address of New Registered Agent
PAT	EL, KANU A.		81 Name	
1 .	#13		82 Street Addr	ress (P.O. Box Number is Not Acceptable)
	. BOX 1082			
LAK	E CITY FL 32056		83	
			84 City	85 Zip Code
				FL
11. Pursuan	It to the provisions of sections 607.050	32 and 607.1508, Florida Statutes	s, the above-named corpo	ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
	am familiar with and accept the police			on's position directors. Thereby accept the appointment as registered
SIGNATURE	got Kall	<u> </u>		7/15/98
	Signature, typed or printed name of registered age		TE: Registered Agent signature requ	
12.	OFFICERS AF	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PATEL, BHAGU M.	[_] DELETE	1.1 TITLE	Change , Addition
NAME	1971 UNIVERSITY AVENUE		1.2 NAME	
STREET ADDRESS	RIVERSIDE CA		4 0 070757 4555550	ATEL, BARON DEWY
CITY-ST-ZIP	HIVEHOUDE UM		1.3 STREET ADDRESS 2	185 Mt. Ziun PKWY
NAME			1.3 STREET ADDRESS 2 1.4 CITY-ST-ZIP //	185 Mt. Ziun PKWY DORROW, GA. 30260
		DELETE		ATEL, BHAOU M. Change L Addition 185 Mt. Ziùn PKWY 100RROW, GA. 30260 Change Addition
		DELETE	2.2 NAME	185 Mr. Ziun PKWY ORROW, GA. 30260 Change Addition
STREET ADORESS		DELETE	2.2 NAME 2.3 STREET ADDRESS	185 MF. ZiUN PKWY ORROW, GA. 30260 Change Addition
			2.2 NAME	Change Addition
STREET ADORESS CITY-ST-ZIP		DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	185 mt. Zivn PkWy norrow, GA. 30260 Change Addition
STREET ADORESS CITY-ST-ZIP TITLE			2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	Change Addition
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6.3 STREET ADDRESS

olistar.

6.4 CITY-ST-ZIP

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 exempte 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.