

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000006643 (7)

1. Corporation Name

LKF CORP.

Principal Place of Business

2606 BAY DRIVE
BRADENTON FL 34207

Mailing Address

2606 BAY DRIVE
BRADENTON FL 34207



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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified	3a. Date of Last Report
01/25/1995	
4. FEI Number	Applied For
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 has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

10. Name and Address of New Registered Agent

81. Name	LEN K. FURMAN
82. Street Address (P.O. Box Number is Not Acceptable)	2606 BAY DRIVE
83.	
84. City	BRADENTON
85. Zip Code	FL 34207

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of registered agent or printed name of registered agent, if applicable

Signature of Registered Agent, if applicable, and name of corporation

Date

12. OFFICERS AND DIRECTORS	
TITLE	DELETE
NAME	D FURMAN, LEN K
STREET ADDRESS	2606 BAY DRIVE
CITY-STATE-ZIP	BRADENTON FL 34207
TITLE	DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	DELETE
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	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	Change Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

1000001758601
03/27/96-01060-020
***200.00

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(2-20-96)

Daytime Phone #

FAX 727 1866

CR2E034 (12/95)