

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000009469 (4)**

1. Corporation Name

LKG-CMC OF FLORIDA, INC.



Principal Place of Business

Mailing Address

**6530 MIAMI LAKES DRIVE EAST
MIAMI LAKES FL 33014**

**6530 MIAMI LAKES DRIVE EAST
MIAMI LAKES FL 33014**

2. Principal Place of Business

2a. Mailing Address

21 **6175 N.W. 153rd St.**

26 **6175 N.W. 153rd St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **200**
City & State

27 **200**
City & State

23 **Miami Lakes, FL**

28 **Miami Lakes, FL**

Zip Country

Zip Country

24 **33014**

25 **Dade**

29 **33014**

30 **Dade**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/03/1995

3a. Date of Last Report

4. FEI Number

65-0552539

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

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

81 Name **Kathy A. McClure**

82 Street Address (P.O. Box Number is Not Acceptable)

6175 N.W. 153rd St.

83 **Suite 200**

84 City **Miami Lakes**

FL 85 Zip Code **33014**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation submits the 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 **Kathy A. McClure, President**

January 17, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
NAME **GARSDIE, LOUISE K**
STREET ADDRESS **6530 MIAMI LAKES DR. EAST**
CITY- ST- ZIP **MIAMI LAKES FL 33014**

TITLE **D** DELETE
NAME **MCCLURE, CATHY A**
STREET ADDRESS **6530 MIAMI LAKES DR. EAST**
CITY- ST- ZIP **MIAMI LAKES FL 33014**

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE Change Addition
2.2 NAME **P McClure, Kathy A.**
2.3 STREET ADDRESS **6175 N.W. 153rd St. Suite 200**
2.4 CITY- ST- ZIP **Miami Lakes, FL 33014**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE Change 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)(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: **Kathy A. McClure**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 17, 1996 (305) 827-1721
DATE

CR2E034 (12/95)