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Jan 14 1997 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000009469 (4)

1. Corporation Name: LKG-CMC OF FLORIDA, INC.



Principal Place of Business: 6175 NW 153RD STREET #200 MIAMI LAKES FL 33014 US
Mailing Address: 6175 NW 153RD STREET #200 MIAMI LAKES FL 33014-2436 US

3. Date Incorporated or Qualified: 02/03/1995
3a. Date of Last Report: 01/22/1996
4. FEI Number: 65-0552539
5. Certificate of Status Desired: [checked] \$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: [checked] Yes [] No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: MCCLURE KATHY A, 6175 NW 153RD STREET #200, MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS: 1. TITLE: PD, NAME: MCCLURE, KATHY A, STREET ADDRESS: 6175 N.W. 153RD ST. SUITE 200, CITY-ST-ZIP: MIAMI LAKES FL 33014

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 11 TITLE, 12 NAME, 13 STREET ADDRESS, 14 CITY-ST-ZIP, 21 TITLE, 22 NAME, 23 STREET ADDRESS, 24 CITY-ST-ZIP, 31 TITLE, 32 NAME, 33 STREET ADDRESS, 34 CITY-ST-ZIP, 41 TITLE, 42 NAME, 43 STREET ADDRESS, 44 CITY-ST-ZIP, 51 TITLE, 52 NAME, 53 STREET ADDRESS, 54 CITY-ST-ZIP, 61 TITLE, 62 NAME, 63 STREET ADDRESS, 64 CITY-ST-ZIP

14. I do 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: Kathy A McClure, Kathy A McClure President 1/6/97 827-1721 (305)

CR2E034 (9/96)