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Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000009469 (4)  
Corporation Name  
LKG-CMC OF FLORIDA, INC.

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1995  
4. FEI Number: 65-0552539  
5. Certificate of Status Desired: [X] \$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: [X] Yes [ ] No

Name and Address of Current Registered Agent: MCCLURE KATHY A, 6175 NW 153RD STREET, #200, MIAMI LAKES FL 33014  
Name and Address of New Registered Agent: Name: Kathy A. McClure, Street Address: Same, City: [ ], State: FL, Zip Code: [ ]

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 607.0502, Florida Statutes.  
SIGNATURE: Kathy A. McClure, President  
NOTE: Registered Agent signature required when reinstating.

OFFICERS AND DIRECTORS		1. 2.	
TITLE	PD	1.1 TITLE	[ ] Change [ ] Addition
NAME	MCCLURE, KATHY A	1.2 NAME	
STREET ADDRESS	6175 N.W. 153RD ST. SUITE 200	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI LAKES FL 33014	1.4 CITY-STATE-ZIP	
TITLE	[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	400002425254
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	02/09/98 01043-027 ***158.75

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Kathy A. McClure, Kathy A. McClure, 01/14/98 827-1721  
Kathy A. McClure, Kathy A. McClure, 02/02/98

CRP034 (10/97)