## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P95000035821 (4)

LKP INVESTORS INC

STREET ADDRESS

CIAI III	EGTOROL INC.				
Principal Place of Business		Mailing Address		4 I DOGRADON AND FOLON GLASS GRASS CONTRACTOR SOCIAL SEAS	<b>16</b> Elian metal saita 31403 1141 300 l
390 N ORANGE AVENUE		390 N ORANGE AVENUE			
SUITE 1840		SUITE 1840		DO NOT WRITE IN 1	THIS SPACE
ORLANDO FL 32801		ORLANDO FL 32801		3. Date Incorporated or Qualified	
				05/08/1995	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3312767	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27					Fee Required
		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28   Zip	Country		
24	25	<b>├</b> ─┐	30	<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	Yes No
24	9. Name and Address of Curre	<del> </del>	30	10. Name and Address of New Registe	
HAY	'NES, BRUCE G		81 Name		
390 N ORANGE AVENUE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	TE 1840		on bot riddi	odd (1.0, dox 14amoor ia 14ac xooopiaalo)	
	ANDO FL 32801		83		
			84 City		85 Zip Code
					FL   C   Z   S   S   S
office or re agent I ar	io <b>the</b> provisions or Sections 607 us eg <b>iste</b> red agent, or bath, in the Stat m <b>fam</b> iliar with, and accept the oblig	o of Horida. Such change was a	uthorized by the cornorat	oration submits this statement for the purpoint's board of directors. I hereby accept the	e appointment as registered
SIGNATURE	Signature: type-J or pented name of registered as	pent and title if applicable (NOTE	- Registered Agent signature requir	•	ATE
12.	OFFICERS AF	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	HAYNES, BRUCE G.		1.2 NAME		
STREET ADDRESS	390 N. ORANGE AVE. ,SUITE	1840	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	Deter	1.4 CITY-ST-7IP		Change Addition
TITLE		DELETE	21 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		'
CITY-ST-ZIP TITLE		DELETE	2 4 CITY-ST-ZIP 31 TITLE		Change Addition
NAME		hand break to	32 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4, CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TITLE		DELETE	5.1 TITLE	. ===	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
City-St-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		

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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**FILED** 

May 13 1998 8:00am

Secretary of State