

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

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May 12 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 # P96000017670 (6)

1. Corporation Name
LSK INVESTMENTS, INC.



Principal Place of Business
3639 BERGER RD
LUTZ FL 33549

Mailing Address
3639 BERGER RD
LUTZ FL 33549-4703

3. Date Incorporated or Qualified
02/26/1996

3a. Date of Last Report

2. Principal Place of Business
21 3639 BERGER RD
Suite, Apt. #, etc.
22 City & State
23 LUTZ, FL. 33549
Zip
24 33549 Country
25 USA

2a. Mailing Address
26 3639 BERGER RD
Suite, Apt. #, etc.
27 City & State
28 LUTZ, FL.
Zip
29 33549 Country
30 USA

4. FEI Number
59-3377027

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

9. Name and Address of Current Registered Agent
SALARIO, LORETTA
3639 BERGER RD
LUTZ FL 33549

10. Name and Address of New Registered Agent
81 Name
82 SAM J. SALARIO
83 Street Address (P.O. Box Number is Not Acceptable)
3639 BERGER RD
84 City
LUTZ, FL
85 Zip Code
33549

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: Sam J. Salario - PRES. DATE: 4/28/97

(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|--------------------|--------|--|---|--------------------|--------|----------|
| TITLE | P | DELETE | | 1.1 TITLE | PRESIDENT | Change | Addition |
| NAME | SALARIO, LORETTA D | | | 1.2 NAME | SAM J. SALARIO | | |
| STREET ADDRESS | 3639 BERGER RD | | | 1.3 STREET ADDRESS | 3639 BERGER RD | | |
| CITY - ST - ZIP | LUTZ FL 33549 | | | 1.4 CITY - ST - ZIP | LUTZ, FL. 33549 | | |
| TITLE | ST | DELETE | | 2.1 TITLE | SAC. - TREASURER | Change | Addition |
| NAME | SALARIO, KRISTIN L | | | 2.2 NAME | LORETTA D. SALARIO | | |
| STREET ADDRESS | 301 FERN ST | | | 2.3 STREET ADDRESS | 3639 BERGER RD | | |
| CITY - ST - ZIP | TAMPA FL 33604 | | | 2.4 CITY - ST - ZIP | LUTZ, FL. 33549 | | |
| TITLE | V | DELETE | | 3.1 TITLE | | Change | Addition |
| NAME | SALARIO, SAM J JR | | | 3.2 NAME | | | |
| STREET ADDRESS | 3639 BERGER RD | | | 3.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | LUTZ FL 33549 | | | 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 | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 6.4 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 in an attachment with an address.

SIGNATURE: Sam J. Salario - SAM J. SALARIO DATE: 4/28/97 - 813-961-7679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)