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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000066323					
1. Corporation Name LIK, INC.					
Principal Place of Business 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131			Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131		
2. Principal Place of Business 21 703 SHORE DRIVE Suite, Apt. #, etc. 22 City & State 23 VERO BEACH FL Zip Country 24 32963 25 US		2a. Mailing Address 26 703 SHORE DRIVE Suite, Apt. #, etc. 27 City & State 28 VERO BEACH, FL Zip Country 29 32963 30 US		3. Date Incorporated or Qualified 08/08/1996	
9. Name and Address of Current Registered Agent FREEMAN, STEPHEN A 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE P 1.2 NAME ANDERSON-FINDLEY, PAULA 1.3 STREET ADDRESS 703 SHORE DRIVE 1.4 CITY-ST-ZIP VERO BEACH, FL 32963					
2.1 TITLE VPS 2.2 NAME ANDERSON, CRAIG S 2.3 STREET ADDRESS 703 SHORE DRIVE 2.4 CITY-ST-ZIP VERO BEACH, FL 32963					
3.1 TITLE VPAS 3.2 NAME ANDERSON, ANGELA F 3.3 STREET ADDRESS 703 SHORE DRIVE 3.4 CITY-ST-ZIP VERO BEACH, FL 32963					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

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, with all other like empowered.

SIGNATURE: Paula Anderson-Findley Paula Anderson-Findley April 27, 1999 (561) 234 2795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)