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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068534 (2)

LK INTERNET ADVERTISING AND CONSULTING, INC.

POST OFFICE BOX 32275 8201 CHAPMAN OAK COURT PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33420-2275 3. Date Incorporated or Qualified 3a. Date of Last Report 08/16/1996 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 65-0690259 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 63 84 City 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, typest or printed name of registery diagent and tille it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSTD THILE DELETE Change Addition 1.1 TITLE Kehres, Laura NAME 1.2 NAME 8201 CHAPMAN OAK COURT STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIF 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City - St - ZiP 3.4 CITY-ST-ZIP DELETE. TITLE 4.1 TITLE Change ■ Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE HILE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - S1 - ZIP 5.4 CITY - ST-ZIP DELETE 6 1 TITLE Change ___ Addition NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-S1-ZIP 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

Jame Kuhun LAURA KENRES
TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.