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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 11 1998 8:00am Secretary of State

1998
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DOCUMENT # P97000026562 (3)

LK PUBLISHING, INC.

Principa	l Place of	Business
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Mailing Address

1802 NO UNIVERSITY DRIVE STE 203 J PLANTATION FL \$3322 1802 NO UNIVERSITY DRIVE STE 203 J PLANTATION FL 33322



				DO NOT WRITE IN THIS SPA	/CE
				3. Date Incorporated or Qualified	
9 Principal P	Place of Business	2a. Mailing Address		03/25/1997 4. FEI Number	A selled Fee
	NW 9th AVE	26 3403 NW 9	H. Ayer	65-0779127	Applied For
Suite, Apt.		Suite, Apt. #, etc.	LOPVE		Not Applicable
22 801	π, σιο. 	27 801		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 FT. (Avoerdate FL	28 FT LANDERD		Trust Fund Contribution	Added to Fees
Zip 24 3 3 3 3 6	Country	Zip 29 33309 3	Country O USA	This corporation owes or has paid the current Personal Property Tax due June 30.	·
24 3 5 5 6	Name and Address of Current		10 asm	10. Name and Address of New Registered Age	/
MAI			81 Name		
	rsh, lee h 22 no University Drive Ste 2 0	·			· ·
	ANTATION FL 22222	 	82 Street Ad	ldress (P.O. Box Number is Not Acceptable)	
2	asi we way	STYCET	83	<u> </u>	
0	ost proerdale	C. 23300			
h	out lavoerdale	M. 33300	84 City	FL	35 Zip Code
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State o im familiar with, and accept the obligati	f Florida. Such change was au	thorized by the corpor	orporation submits this statement for the purpose of characters to be added a directors. I hereby accept the appoint	anging its registered iment as registered
SIGNATURE		·· ·····			
	Signature, typod or printed name of registered agent OFFICERS AND		Registered Agent signature rec	DATE ADDITIONS/CHANGES TO OFFICERS AND DI	PECTODO IN 10
12.	D OF ICERS AND	DELETE	13.		RECTORS IN 12 Change Addition Change Addition
NAME	KARSH, LEE H	- Detect	1.2 NAME	۵	Ollaride CT Vocation 2
STREET ADDRESS	3056 NE 49TH ST				2
	FORT LAUDERDALE FL 33308		1.3 STREET ADDRESS		ū
CITY-ST-ZIP TITLE	TOTT DODLIDALL IL 00000	☐ DELET E	1.4 CITY - S1 - ZIP 2.1 TITLE		Change Addition C
NAME			2.2 NAME	<u> </u>	onango
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-S1-ZIP		-
TITLE		DELETÉ	3.1 TITLE		Change Addition
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETÉ	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		☐ DELĒT Ē	6.1 TITLE		Change
NAME			6.2 NAME		İ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I hereby c	ertify that the information supplied with	this filing does not qualify for t		n Section 119.07(3)(i), Florida Statutes. I further certify	that the information
indicated of officer or o Block 12 o	on this annual report or supplemental a director of the corporation or the occiv or Block 13 if changed, or on an attack	annual report is true and accur er or trustee empowered to ex ment with an address.	ate and that my signat ecute this report as re	in Section 119.07(3)(i), Florida Statutes. I further certify ture shall have the same legal effect as if made under quired by Chapter 607, Florida Statules; and that my r	oath; that I am an name appears in