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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000035895

Corporation Name

L.K.P.K., INC. Principal Place of Business Mailing Address 9675 1047H AVENUE MORTH 9675 104TH AVENUE NORTH LARGO FL 34643 LARGO FL 34643 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/21/1998 2. Principal Place of Business 4 FEI Number Applied For 2a. Mailing Address ARK BLUD 7658 59-3 ક્ષા ત Not Applicable 7658 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. П 5. Certifcate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be NellAS Added to Fees P1~5/45 Trust Fund Contribution 28 Country 8. This corporation owes the current year Intangible □No Personal Property Tax. 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KARAMANOS KARAMANOS, LOUIS Street Address (P.O. Box Number is Not Acceptable) 82 9675 104TH AVENUE NORTH LARGO FL 34643-83 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 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 11 TITLE TITLE KARAMANOS, LOUIS NAME 9675 104TH AVENUE NORTH 1.3 STREET ADDRESS STREET AODRESS **LARGO FL 34643** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE Change TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change \_\_\_ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change Addition ☐ DELETE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP CITY-ST-ZIP 1 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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FILED Mar 10, 1999 8:00 am

Secretary of State

03-10-1999 90132 016 \*\*\*150.00

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