

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

FILED

**Feb 28 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 # 199250 (2)
 1. Corporation Name
LAKESIDE APARTMENTS OF POMPANO INC



| | |
|---|--|
| Principal Place of Business 3201 S E 12TH STREET POMPANO BEACH FL 33062 | Mailing Address 3201 S E 12TH STREET POMPANO BEACH FL 33062-6562 |
|---|--|

| | | | |
|--------------------------------|------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 01/09/1957 | 3a. Date of Last Report 03/05/1996 |
| 21. Suite, Apt #, etc. | 26. Suite, Apt #, etc. | 4. FEI Number 59-0941619 | Applied For <input type="checkbox"/> Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Country | 29. Country | 30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|--|--------------|
| 9. Name and Address of Current Registered Agent GORMAN, ROBERT J. 3201 S.E. 12TH ST. POMPANO BEACH FL 33062 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|---|
| TITLE VP | <input type="checkbox"/> DELETE | 1.1 TITLE VP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CHOQUETT, PIERRE, | | 1.2 NAME RICHARD TROTTER | |
| STREET ADDRESS 3201 SE 12TH ST | | 1.3 STREET ADDRESS 3201 S.E. 12th ST. | |
| CITY- ST- ZIP POMPANO BCH FL 33062 | | 1.4 CITY- ST- ZIP POMPANO BEACH, FL 33062 | |
| TITLE P | <input type="checkbox"/> DELETE | 2.1 TITLE P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MCGRATH, RUSSEL | | 2.2 NAME ROBERT J. GORMAN | |
| STREET ADDRESS 3201 SE 12 ST | | 2.3 STREET ADDRESS 3201 S.E. 12th ST. | |
| CITY- ST- ZIP POMPANO BEACH, FL 00000 33062 | | 2.4 CITY- ST- ZIP POMPANO BEACH, FL 33062 | |
| TITLE T | <input type="checkbox"/> DELETE | 3.1 TITLE T. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME TRUDEAU, E. ROMA | | 3.2 NAME ROBERT H. GRILL | |
| STREET ADDRESS 3201 SE 12 ST | | 3.3 STREET ADDRESS 3201 S.E. 12th ST. | |
| CITY- ST- ZIP POMPANO BEACH, FL 00000 33062 | | 3.4 CITY- ST- ZIP POMPANO BEACH, FL 33062 | |
| TITLE S | <input type="checkbox"/> DELETE | 4.1 TITLE S | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MATHEWSON, ETHEL M. | | 4.2 NAME DORIS W. MCKEON | |
| STREET ADDRESS 3201 SE 12 ST | | 4.3 STREET ADDRESS 3201 S.E. 12th ST. | |
| CITY- ST- ZIP POMPANO BEACH, FL 00000 33062 | | 4.4 CITY- ST- ZIP POMPANO BEACH, FL 33062 | |
| TITLE AT | <input type="checkbox"/> DELETE | 5.1 TITLE AS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LEMAIRE, CONSTANT | | 5.2 NAME SHIRLEY ACKART | |
| STREET ADDRESS 3201 S.E. 12TH STREET | | 5.3 STREET ADDRESS 3201 S.E. 12th ST. | |
| CITY- ST- ZIP POMPANO BEACH FL 33062 | | 5.4 CITY- ST- ZIP POMPANO BEACH, FL 33062 | |
| TITLE <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

SIGNATURE: *Robert J. Grill* Date: **2-25-97** Daytime Phone #: **954-785-5130**

CR2E034 (9/96)