

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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
---------------------------------------------------------------------------------------	---------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
23 City & State	28 City & State
Zip Country	Zip Country
24	29
25	30

3. Date Incorporated or Qualified
01/09/1957

4. FEI Number
59-0941619

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

g. Name and Address of Current Registered Agent

GORMAN, ROBERT J.
3201 S.E. 12TH ST.
POMPANO BEACH FL 33062

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

10. Name and Address of New Registered Agent

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

TITLE	VP	<input type="checkbox"/> DELETE
NAME	TROTTER, RICHARD	
STREET ADDRESS	3201 SE 12TH ST	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GORMAN, ROBERT J.	
STREET ADDRESS	3201 SE 12 ST	
CITY-ST-ZIP	POMPANO BEACH, FL 00000	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GRILL, ROBERT H.	
STREET ADDRESS	3201 SE 12 ST	
CITY-ST-ZIP	POMPANO BEACH, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCKEON, DORIS W.	
STREET ADDRESS	3201 SE 12 ST	
CITY-ST-ZIP	POMPANO BEACH, FL 00000	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ACKART, SHIRLEY	
STREET ADDRESS	3201 S.E. 12TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TRES + SEC
4.3 STREET ADDRESS	MCKEON DORIS W
4.4 CITY-ST-ZIP	3201 SE 12 ST POMPANO BEACH FL 33062
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ASST TRES
5.3 STREET ADDRESS	ACKART, SHIRLEY
5.4 CITY-ST-ZIP	3201 SE 12 ST POMPANO BEACH FL 33062
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____ **2/2/98** **(954)** **946-0813**

CR2E034 (10/97)