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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 199250

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

3. Date Incorporated or Qualified
 01/09/1957

4. FEI Number
 59-0941619

5. Certificate of Status Desired Applied For
 Not Applicable

6. Election Campaign Financing Trust Fund Contribution \$8.75 Additional Fee Required

7. \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address BROWARD COMPUTER ACCOUNTING SER. INC.

21. Suite, Apt. #, etc.

22. City & State

23. City & State

24. Zip Country

25. Country

26. Suite, Apt. #, etc.

27. 700 E. ATLANTIC BLVD.

28. POMPANO BEACH FL.

29. 33061

30. Country

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
~~MAIL TO LAKESIDE APPTS OF POMPANO INC~~

82. Street Address (P.O. Box Number is Not Acceptable)
~~PO Box 7059~~

83.

84. City

85. Zip Code

FL

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 Robert Gorman ROBERT GORMAN DATE 2/15/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	TS	<input checked="" type="checkbox"/> DELETE
NAME	MCKEON, DORIS W.	
STREET ADDRESS	3201 SE 12 ST	
CITY-ST-ZIP	POMPANO BEACH, FL 00000 33062	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	ACKART, SHIRLEY	
STREET ADDRESS	3201 S.E. 12TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SEC. VIRGINIA MANN
3.3 STREET ADDRESS	3201 SE 12TH ST
3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TREAS. ETHEL M. MATHEWSON
4.3 STREET ADDRESS	3201 SE 12TH ST.
4.4 CITY-ST-ZIP	POMPANO BEACH FL 33062
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: Robert Gorman ROBERT GORMAN DATE 2/15/99 DAYTIME PHONE # 9467495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)