


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

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 491734 (0)

1. Corporation Name
LAKE GARDENS CORPORATION



Principal Place of Business 81 LAKE GARDENS DRIVE STATE ROAD 821 EAST LAKE PLACID FL 33852	Mailing Address 81 LAKE GARDENS DRIVE STATE ROAD 821 EAST LAKE PLACID FL 33852
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified 12/01/1975	4. FEI Number 59-1639345	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**DAVIS, HAYWARD H.
 107 INTERLAKE BLVD.
 LAKE PLACID FL 33852**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RANDALL, HAROLD	
STREET ADDRESS	28 LAKE GARDEN DRIVE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RICHARDSON, ANONA	
STREET ADDRESS	23 LAKE GARDEN	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WEED, JOHN	
STREET ADDRESS	26 LAKE GARDENS DR	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DONALDSON, TOM	
STREET ADDRESS	42 LAKE GARDENS DR	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLETCHER, KENNETH P.	
STREET ADDRESS	23 LAKE GARDEN DRIVE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	Sec.	<input type="checkbox"/> DELETE
NAME	GOINS, PATRICIA	
STREET ADDRESS	35 LAKE GARDENS DR	
CITY-ST-ZIP	LAKE PLACID FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ray Rittman	
1.3 STREET ADDRESS	21 Lake Gardens Dr.	
1.4 CITY-ST-ZIP	Lake Placid, FL 33852	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Foneal Isaacs	
2.3 STREET ADDRESS	80 Lake gardens Dr.	
2.4 CITY-ST-ZIP	Lake Placid, FL 33852	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Buckley Weaver	
3.3 STREET ADDRESS	48 LAKE Gardens Dr.	
3.4 CITY-ST-ZIP	Lake Placid, FL 33852	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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.

SIGNATURE: *Anona Richardson Harrison* **3/17/98 941-465-6427**

CR2E034 (10/97)