FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:48

DOCUMENT # 716972 (5)

1. Corporation Name
LAKE PARK CONDOMINIUM I, INC.

Principal Place of Business	Mailing Address
900 N.E. LAKE PARK DRIVE NORTH MIAMI BEACH FL 33179-3009	900 NE 199TH ST NORTH MIAMI BEACH FL 33179-3009 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1969
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-1274009 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GOLDBERG, LEONARD
940 N.E. 199 STREET
NORTH MIAMI FL 33179

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LEVINE, MARTIN	1.2 NAME	ROSE, JACK	
STREET ADDRESS	942 NE 199TH ST	1.3 STREET ADDRESS	942 N.E. 199th STREET	
CITY-ST-ZIP	N MIAMI BEACH, FL 00000	1.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FLORIDA 33179	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	ZACK, MAURY	2.2 NAME		
STREET ADDRESS	922 N.E. 199 STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH, FL 00000	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, GEORGE	3.2 NAME		
STREET ADDRESS	942 N.E. 199 STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH, FL 00000	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	JACOBS, LEO	4.2 NAME	ANDERS, LARRY	
STREET ADDRESS	920 N.E. 199 STREET	4.3 STREET ADDRESS	950 N.E. 199th STREET	
CITY-ST-ZIP	N MIAMI BEACH, FL 00000	4.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FLORIDA 33179	
TITLE	TS	5.1 TITLE		☐ Change ☐ Addition
NAME	RUBIN, FAE	5.2 NAME		
STREET ADDRESS	940 NE 199TH ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH FL	5.4 CITY-ST-ZIP		
TITLE	VPD	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	KLAPPERT, PEARL	6.2 NAME	PALERMO, HARRY	
STREET ADDRESS	952 N.E. 199 STREET	6.3 STREET ADDRESS	942 N.E. 199th STREET	
CITY-ST-ZIP	N MIAMI BCH FL	6.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FLORIDA 33179	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fae Rubin April 6, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

FAE RUBIN

Daytime Phone # (305) 651-8801

0044847