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CORPORATION
ANNUAL REPORT
1995



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

FILED
95 JAN 27 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F25726** (3)
1. Corporation Name
STUART LAKESIDE CORPORATION

Principal Place of Business Mailing Address
701 S. E. MARTIN LUTHER KING BLVD. 701 S. E. MARTIN LUTHER KING BLVD.
STUART FL 34994 STUART FL 34994

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/17/1981	03/02/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2170033	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OAKOWSKY, STANLEY E 701 SE MARTIN LUTHER KING BLVD. STUART FL 34994				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 box if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OAKOWSKY, STANLEY E	1.2 NAME	
STREET ADDRESS	701 SE MARTIN LUTHER KING BLVD.	1.3 STREET ADDRESS	
CITY- ST- ZIP	STUART FL 34994	1.4 CITY- ST- ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIRIELLO, NICHOLAS G	2.2 NAME	
STREET ADDRESS	9090 WILSHIRE BLVD., #201	2.3 STREET ADDRESS	
CITY- ST- ZIP	BEVERLY HILLS CA	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 liquidator 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 addendum.

SIGNATURE: Stanley E. Oakowsky *[Signature]* 1-25-95 1-407-287-1877
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Notary Public #