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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H95279** **(6)**

1. Corporation Name
LAKEWOOD GARDENS, INC.

Principal Place of Business	Mailing Address
~~C/O TOM HEINE~~ ~~POST OFFICE BOX 270183~~ ~~BOCA RATON FL 33427-0183~~	~~C/O TOM HEINE~~ ~~POST OFFICE BOX 270183~~ ~~BOCA RATON FL 33427-0183~~

3. Date Incorporated or Qualified: 01/15/1986
3a. Date of Last Report: 03/23/1995

2. Principal Place of Business	2a. Mailing Address
21 LAKEWOOD GARDENS INC	26 BRUCE MACVEAN
Suite, Apt. #, etc. 22 471 BANKS RD.	Suite, Apt. #, etc. 27 1301 SE 3RD TERR
City & State 23 MARGATE FLA	City & State 28 POMPANO BEACH FLA
Zip 24 33063 Country 25 USA	Zip 29 33060 Country 30 USA

4. FEI Number: 59-1760736 — ☐ 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

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~ARTHUR DARSH~~ ~~2700 SE 18TH COURT~~ ~~POMPANO BCH FL 33062~~	81 Name: BRUCE MAC VEAN 82 Street Address (P.O. Box Number is Not Acceptable): 1301 SE 3RD TERR 83 84 City: POMPANO BEACH FL 85 Zip Code: 33060

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: BRUCE P. MACVEAN — Signature, typed or printed name of registered agent and title if applicable
Bruce P. MacVean — (NOTE: Registered Agent signature required when reinstating)
DATE: 18 Apr 96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ~~DARSH, ARTHUR~~ ~~2700 SE 18TH COURT~~ ~~POMPANO BCH FL~~	~~X~~ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~BERTOK, ELIZABETH~~ ~~2911 NE 18TH STREET~~ ~~LIGHTHOUSE POINT FL~~	~~X~~ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COSBY, J 3760 SW 59TH AVE APT 2 DAVIE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TPS MACLEAN, BRUCE 1301 SE 3RD TERRACE POMPANO BCH FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	400001793394 -04/24/96--01089--007 ***200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition D 4.24

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)(k), 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: Bruce P. MacVean — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
April 1996 — Date
(954) 786-1561 — Daytime Phone #

CR2E034 (12/95)