

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000087004 (6)**

1. Corporation Name

LAKESIDE DEVELOPMENT OF ORLANDO, INC.



Principal Place of Business

Mailing Address

2601 S BAYSHORE DRIVE
9TH FLOOR
MIAMI FL 33133-5461

2601 S BAYSHORE DRIVE
9TH FLOOR
MIAMI FL 33133-5461

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGLEY, MARCIA H
2601 S BAYSHORE DRIVE
9TH FLOOR
MIAMI FL 33133-5461

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

Signature (Type or print the name of registered agent and title if applicable)

NOTE: Registered Agent signature required when (see listing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV	<input type="checkbox"/> DELETE
NAME	JEFFREY, THOMAS W	
STREET ADDRESS	2601 S BAYSHORE DRIVE	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE	DVAS	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, JULIO J	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MIKESH, LINDA A	
STREET ADDRESS	2601 S BAYSHORE DRIVE, 9TH FLOOR	
CITY - ST - ZIP	MIAMI FL 33133-5461	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WILCOX, MACK R	
STREET ADDRESS	2601 S BAYSHORE DRIVE, 9TH FLOOR	
CITY - ST - ZIP	MIAMI FL 33133-5461	
TITLE	VS	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/>
NAME	LANGLEY, MARCIA H	
STREET ADDRESS	2601 S BAYSHORE DRIVE, 9TH FLOOR	
CITY - ST - ZIP	MIAMI FL 33133-5461	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FISCHER, JOHN H	
STREET ADDRESS	2601 S BAYSHORE DRIVE, 9TH FLOOR	
CITY - ST - ZIP	MIAMI FL 33133-5461	

1.1 TITLE	✓ P	Woodbury, Kimball D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		2601 S. Bayshore Dr.	
1.3 STREET ADDRESS		Miami, FL 33133	
1.4 CITY - ST - ZIP			
2.1 TITLE	✓ YSP	Langley, Marcia H.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		2601 S. Bayshore Dr	
2.3 STREET ADDRESS		Miami, FL 33133	
2.4 CITY - ST - ZIP			
3.1 TITLE	✓ DVAS	Goldman, Joel K.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		2601 S. Bayshore Dr.	
3.3 STREET ADDRESS		Miami, FL 33133	
3.4 CITY - ST - ZIP			
4.1 TITLE	✓ VD	Carkleton, Callis D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		2601 S. Bayshore Dr.	
4.3 STREET ADDRESS		Miami, FL 33133	
4.4 CITY - ST - ZIP			
5.1 TITLE	✓	Thompson, Charles A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		2601 S. Bayshore Dr.	
5.3 STREET ADDRESS		Miami, FL 33133	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel K. Goldman

4-12-96

Date

305-859-4071

Daytime Phone #

CR2E034 (12/95)