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**May 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000087004 (6)

1. Corporation Name
LAKESIDE DEVELOPMENT OF ORLANDO, INC.



Principal Place of Business 2601 S BAYSHORE DRIVE 9TH FLOOR MIAMI FL 33133-5461	Mailing Address 2601 S BAYSHORE DRIVE 9TH FLOOR MIAMI FL 33133-5412
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3. Date Incorporated or Qualified 12/17/1993	3a. Date of Last Report 04/16/1996
4. FEI Number 65-0445386	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name JOEL K. GOLDMAN
82. Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Dr
83. City 9th floor
84. City Miami
85. Zip Code FL 33133

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: *Joel K. Goldman* **JOEL K. Goldman** 4/11/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DV	NAME JEFFREY, THOMAS W	1.1 TITLE P	NAME GILLETTE, J. THOMAS
STREET ADDRESS 2601 S BAYSHORE DRIVE	CITY-ST-ZIP MIAMI FL 33133	1.2 NAME	1.3 STREET ADDRESS 2601 S. Bayshore Dr
		1.4 CITY-ST-ZIP MIAMI FL 33133	
TITLE P	NAME WOODBURY, KIMBALL D.	2.1 TITLE VSD	NAME GOLDMAN, JOEL K
STREET ADDRESS 2601 S BAYSHORE DR	CITY-ST-ZIP MIAMI FL 33133	2.2 NAME	2.3 STREET ADDRESS 2601 S. Bayshore Dr
		2.4 CITY-ST-ZIP MIAMI FL 33133	
TITLE VAS	NAME GOLDMAN, JOEL K.	3.1 TITLE V/AS	NAME LANGLEY, MARCIA H.
STREET ADDRESS 2601 S BAYSHORE DRIVE, 9TH FLOOR	CITY-ST-ZIP MIAMI FL 33133-5461	3.2 NAME	3.3 STREET ADDRESS 2601 S. Bayshore Dr.
		3.4 CITY-ST-ZIP MIAMI FL 33133	
TITLE VD	NAME CARLETON, CALLIS N.	4.1 TITLE V/D/C/AS	NAME CARLETON, CALLIS N
STREET ADDRESS 2601 S BAYSHORE DRIVE, 9TH FLOOR	CITY-ST-ZIP MIAMI FL 33133-5461	4.2 NAME	4.3 STREET ADDRESS 2601 S. BAYSHORE DRIVE
		4.4 CITY-ST-ZIP MIAMI FL 33133	
TITLE VSD	NAME LANGLEY, MARCIA H	5.1 TITLE X	NAME Reader, Perry
STREET ADDRESS 2601 S BAYSHORE DRIVE, 9TH FLOOR	CITY-ST-ZIP MIAMI FL 33133-5461	5.2 NAME	5.3 STREET ADDRESS 2601 S. Bayshore Dr
		5.4 CITY-ST-ZIP MIAMI FL 33133	
TITLE VT	NAME FISCHER, JOHN H	6.1 TITLE	NAME
STREET ADDRESS 2601 S BAYSHORE DRIVE, 9TH FLOOR	CITY-ST-ZIP MIAMI FL 33133-5461	6.2 NAME	6.3 STREET ADDRESS
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
		6.4 CITY-ST-ZIP	

14. I do 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: *Joel K. Goldman* **JOEL K. Goldman** 4/11/97 305.259.4071
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)