


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000087004 (6)  
1. Corporation Name  
LAKESIDE DEVELOPMENT OF ORLANDO, INC.

**FILED**  
98 JAN 18 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  
2601 S BAYSHORE DRIVE 2601 S BAYSHORE DRIVE  
9TH FLOOR 9TH FLOOR  
MIAMI FL 33133-5461 MIAMI FL 33133-5461

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
12/17/1993  
4. FEI Number 65-0445386 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
GOLDMAN, JOEL K  
2601 S BAYSHORE DRIVE  
9TH FLOOR  
MIAMI FL 33133-5461

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	JEFFREY, THOMAS W	
STREET ADDRESS	2601 S BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GILLETTE, J THOMAS	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	GOLDMAN, JOEL K.	
STREET ADDRESS	2601 S BAYSHORE DRIVE, 9TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VDCS	<input checked="" type="checkbox"/> DELETE
NAME	CARLETON, CALLIS N.	
STREET ADDRESS	2601 S BAYSHORE DRIVE, 9TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	LANGLEY, MARCIA H	
STREET ADDRESS	2601 S BAYSHORE DRIVE, 9TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	900002439369--7
1.4 CITY-ST-ZIP	-02/24/98--01066--004
2.1 TITLE	***158.75 ***158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VDCAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Cook, Paula
4.3 STREET ADDRESS	2601 S. Bayshore Drive
4.4 CITY-ST-ZIP	Miami, Florida 33133
5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Laguardia, John
5.3 STREET ADDRESS	2601 S. Bayshore Drive
5.4 CITY-ST-ZIP	Miami, Florida 33133
6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Reader, Perry
6.3 STREET ADDRESS	2601 S. Bayshore Drive
6.4 CITY-ST-ZIP	Miami, Florida 33133

14. I 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 \_\_\_\_\_

CR2E034 (10/97)