

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

FILED

**May 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000106325 (8)
 1. Corporation Name
LAKES BREW HOUSE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2665 SOUTH BAYSHORE DRIVE SUITE 900 MIAMI FL 33133	Mailing Address 2665 SOUTH BAYSHORE DRIVE SUITE 900 MIAMI FL 33133
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3. Date Incorporated or Qualified 12/17/1997	
4. FEI Number 65-0801033	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired XXX	\$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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2665 S. Bayshore Dr. Suite, Apt. #, etc. 22 703 City & State 23 Miami, FL Zip 24 33133	2a. Mailing Address 26 2665 S. Bayshore Dr. Suite, Apt. #, etc. 27 703 City & State 28 Miami, FL Zip 29 33133	Country 25 USA	Country 30 USA
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9. Name and Address of Current Registered Agent
**RICHARDS, TIMOTHY D
2665 SOUTH BAYSHORE DRIVE
SUITE 900
MIAMI FL 33133**

10. Name and Address of New Registered Agent
 81 Name
World Corporate Services, Inc.
 82 Street Address (P.O. Box Number is Not Acceptable)
2665 S. Bayshore Dr.
 83
Suite 703
 84 City
Miami, FL 85 Zip Code
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 *Timothy D. Richards* Pres. **4/8/98**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE P/V/T/S/D <input type="checkbox"/> DELETE	
NAME Frank P. Moses	
STREET ADDRESS 2665 S. Bayshore Dr., 703	
CITY-ST-ZIP Miami, FL 33133	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	
1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	AS
2.2 NAME	Timothy D. Richards, Esq.
2.3 STREET ADDRESS	2665 S Bayshore DR STE 703
2.4 CITY-ST-ZIP	Miami, Florida 33133-5401
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
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 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.

CR2E034 (10/97)