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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Kath. Jay Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P98000093069

1. Corporation Name
 INDIAN LAKE ENTERPRISE, INC.

Principal Place of Business **Mailing Address**

~~1 DELAND AVENUE~~ ~~1 DELAND AVENUE~~
~~INDIAN LAKE ESTATES FL 33855~~ ~~INDIAN LAKE ESTATES FL 33855~~

20 150 X 7297



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **2a. Mailing Address**

21 24203 HWY 60E 26 P.O. Box 7297
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

23 City & State **28 City & State**

LAKE WALES FL INDIAN LAKE EST FL

24 Zip **25 Country** **29 Zip** **30 Country**

33853 USA 33855 FUSA

3. Date Incorporated or Qualified
 11/03/1998

4. FEI Number **Applied For**

359-3591518 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**

6. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent

BARBER, JACQUELYN
~~23 CAMP TIGER SAMKEEN ROAD~~ 24203 HWY 60E
~~LAKE WALES FL 33855~~ LAKE WALES, FL
 33853

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
 P.O. Box 7297

83

84 City 85 Zip Code

INDIAN LAKE ESTATES FL 33855

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE: *Jacquelyn Barber* DATE: 8/12/99

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|-----------------------|-----------------------------|-----------------------|-------------------------------------|
| D | LIVINGSTON, MICHAEL A | 1988 STONEBRIDGE DRIVE S.W. | WINTER HAVEN FL 33880 | <input checked="" type="checkbox"/> |
| D | SMITH, JOYCE ANN | 7841 GLEN COVE | SOUTH PORT FL 32409 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|------------------|------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| PRESIDENT | ELAINE ZOTAS | 1305 SE 14TH ST | CAPE CORAL FL 33990-3766 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SECRETARY/TREAS. | JACQUELYN BARBER | 23 CAMP TIGER SAMKEEN RD | LAKE WALES, FL 33855 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(1), 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: *Jacquelyn Barber*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-99 (941) 692-1807
 Date Office Phone #

8-12-99

CR2E034 (5/99)