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

PROFIT CORPORATION

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

COF ANNU	CORPORATION ANNUAL REPORT 1998		s	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Jan 29 1998 8:00am Secretary of State	1
1. Corporation	MENT # Name IA-LAKE REAL	285682 TY CO.	(1)				
Principal Place of Business Mailing Address								
2237 RIVER RIDGE RD. 2237 RIVER RIDGE RD. DELAND FL 32720 US US							DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
2 Principal P	ace of Business		2a. Mailing Addr				10/01/1964 4. FEI Number Applied Fo	
21	¬ ' —						59-1090264 Not Applied Pol	
Suite, Apt. #, etc. Suite, Apt. #, etc.				etc.			S8 75 Additiona	
27							5. Certificate of Status Desired Fee Required	
City & State City & State 23 28							6. Election Campaign Financing Trust Fund Contribution	
Zip 24	Country Zip 29				Country		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 81 Name						10. Name and Address of New Registered Agent	-	
ROEPKE, VICTOR						Name		
2237 RIVER RIDGE RD.					82	Street Add	dress (P.O. Box Number is Not Acceptable)	
DELAND, FL 32720					83			\dashv
321	20							
					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, typed or printed name of registered agent and tide it applicable. (NOT				Registered Agent signature requ			j
12.	SD	OFFICERS AND L	JIRECTORS DE		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ition
NAME	COOK, RITA D	ÆE			1.2 NAME		onungo	
STREET ADDRESS	2253 RIVER RIDGE RD.				1.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND EL				1.4 CITY-S			
TITLE	VD		☐ DE		2.1 TITLE		Change Add	ition
NAME	ROEPKE, DEE				2.2 NAME		Sal .	
STREET ADDRESS					2.3 STREET	ADDRESS		
CITY - ST - ZIP	DELAND FL				2, 4 CITY - ST - ZIP			
TITLE	TD		∐ D€	1	3.1 TITLE		! Change Add	ition
NAME	RYALS, WILLI/ 1646 CENTER				3.2 NAME			
STREET ADDRESS	DELAND FL	ان			3.3 STREET	- 1		
CITY-ST-ZIP TITLE	PD PD		DE		3.4. CITY - : 4.1 TITLE	51-ZIP	Change Add	ition
NAME	ROEPKE, VICT	OR			4. 2 NAME		,	
STREET ADDRESS	RT 6 2237 RIV				4.3 STREET	ADDRESS		
City-ST-ZiP	DELAND FL				4.4 CITY - S	1		
TITLE			DE		5.1 TITLE		Change Add	ition
NAME				f :	5.2 NAME			
STREET ADDRESS				j :	5.3 STREET	ADDRESS		
CITY-ST-ZIP			,		5.4 CITY - S	T-ZIP		
TITLE			□ DE	LETE	6.1 TITLE		Change Add	ition

CITY - ST - ZIP 14. I hereby certify that the information supplied with this filling 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 one attachment was an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED