## 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 # 307957

(1)

LAKEVIEW HILLS DEVELOPMENT CORPORATION

	inginal Disc	e of Busines		Mail	no Addrona								
Principal Place of Business  1000 ORANOLE ROAD P.O. BOX 940875				100	Mailing Address  1000 ORANOLE ROAD P.O. BOX 940875							4	
MAITLAND FL 32794					MAITLAND FL 32794				DO NOT WRITE IN THIS SPACE				
										<ol> <li>Date incorporated or Qualified 08/08/1966</li> </ol>	i		
2.	Principal P	lace of Bus	iness	2a. N	2a. Mailing Address				4. FEI Number		IA.	pplied For	
21				26						59-1167101		N	lot Applicable
22	Suite, Apt.	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional lequired	
Ц	City & State			<b>⊢</b>	City & State				6. Election Campaign Financing	·		May Be	
23					28				Trust Fund Contribution			to Fees	
24	Žip	Country Zip			ip	Country 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
		g, Name	and Address of Curre	nt Registe	red Agent					10. Name and Address of New I	legistered i	Agent	
	HE	RSCH,BEF	NARD	•			81	Name					
1000 ORANOLE RD							. 82	Street	et Address (P.O. Box Number is Not Acceptable)				
MAITLAND FL 32751													
	•						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 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 appoint agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typod or printed name of registered agent and bits of appointant bits of appointant signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS										ointment as	s registered		
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1	ME	_	H.BERNARD				NAME						1
	REET ADDRESS		PRANOLE RD.					ADDRESS					$-1$ $\sim 1 \times 1$
ı	TY-ST-ZIP	MAITL					CITY-S						<b>V</b>   <b>V</b>
TIT		D			DELETE	_	TITLE		<b>†</b>			☐ Change	Addition
NA.	ME	SCHER	MERHORN, ROBERT 1	ſ		2.2	NAME						V.
ST	reet address	BOX 1	35 PLEASANT ST.			2.3	STREET	ADDRESS					
_cn	ry-St-Zip	POMOI	na park fl			2.	4 CITY-!	ST-ZIP	<u> </u>		<u> </u>		
m	LE	SD			DELETE	3.1	TITLE					Change	Addition
NA.	ME		XH, HARRIETTE			3.2	NAME						. 1
\$1	reet address		PRANOLE RD.			3.3	STREET	ADDRESS					
-	TY-ST-ZIP	MAITL	WO FL		The section		I. CITY-	ST-ZIP	ļ			T 01	T 1 A define
TIT					DELETE		TITLE					Change	Addition
Į.	ME						2 NAME						*
-	REET ADDRESS							ADDRESS					,
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	ME						NAME						
	reet address							ADDRESS					
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TIT					☐ DELETE		TITLE	ri . Tal	<del>                                     </del>			Change	Addition

14. Thereby 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 eath; 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 eddress.

6.3 STREET ADDRESS

CIGNATURE.

STREET ADDRESS

CITY-ST-ZIP

The state of the

Secs.

3-14-98

**FILED** 

Mar 19 1998 8:00am

Secretary of State

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