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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 313954

Corporation Name

LAKE AVENUE MARINA CORP

Mailing Address Principal Place of Business 1909 79TH ST CAUSEWAY 1909 79TH ST CAUSEWAY MIAMI BCH FL 33141 MIAMI BCH FL 33141 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/21/1967 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-1399635 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing City & State City & State \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country This corporation owes the current year Intangible Zin Zip Country 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GOLDMAN, CHARLES J Street Address (P.O. Box Number is Not Acceptable) 82 601 S FEDERAL HWY HOLLYWOOD FL 33020 83 Zip Code City 85 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 title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13.

Change Addition Officer/Director DELETE 11 TITLE TITLE Joan Steinhardt Dunphy 1.2 NAME GOLDMAN, GLADYS NAME Belcher Lane Far Hills, NJ 07931 1.3 STREET ADDRESS 1900 79TH STREET CAUSEWAY STREET ADDRESS 1.4 CITY-ST-ZIP NORTH BAY VILLAGE FL 33141 CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TITLE Officer/Director TITLE 2.2 NAME Raphael Steinhardt NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY+ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 51 TIDE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TTTLE Change Addition ☐ DELETE TITLE

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 received empowered to exacute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on a participant with an address with all other like empowered.

SIGNING OFFICER OR DIRECTOR

6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

3/3/95 305 - 359 - 276 -

CR2E034 (11/98)