

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

FILED

Feb 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **344793** (5)  
1. Corporation Name  
**LAKE EASY LAKEVIEW APARTMENTS INCORPORATED**



Principal Place of Business  
**1800 S HIGHLAND PARK DR  
LAKE WALES FL 33853-7429  
US**

Mailing Address  
**1650 SOUTH HIGHLAND PARK DR.  
LAKE WALES FL 33853-7429  
US**

3. Date Incorporated or Qualified <b>04/18/1969</b>	3a. Date of Last Report <b>04/04/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>1800 S. HIGHLAND PARK DR</b>
22 City & State	27 <b>LAKE WALES, FL</b>
23 Zip	28 <b>33853-7429</b>
24 Country	30 <b>USA</b>

9. Name and Address of Current Registered Agent

**HICKS, BARBARA S  
1800 S HIGHLAND PK DR  
LAKE WALES FL 33853**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROGERS, EDWARD S</b>		1.2 NAME	
STREET ADDRESS <b>107 RHOADS AVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>SELINGSGROVE PA</b>		1.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HICKS, KENYON</b>		2.2 NAME	<b>HICKS, KENYON</b>
STREET ADDRESS <b>RD#1 BOX 325, NA</b>		2.3 STREET ADDRESS	<b>434 BETHANY DR</b>
CITY-ST-ZIP <b>MANNS CHOICE PA</b>		2.4 CITY-ST-ZIP	<b>MECHANICSBURG, PA 17055</b>
TITLE <b>ST</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HICKS, BARBARA</b>		3.2 NAME	
STREET ADDRESS <b>1650 S. HIGHLAND PK DR</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKE WALES FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HICK, BARBARA</b>		4.2 NAME	<b>HICKS, BARBARA S.</b>
STREET ADDRESS <b>1800 S HIGHLAND PK DR</b>		4.3 STREET ADDRESS	<b>1800 S. HIGHLAND PARK DR</b>
CITY-ST-ZIP <b>LAKE WALES FL</b>		4.4 CITY-ST-ZIP	<b>LAKE WALES, FL 33853-7429</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Barbara S. Hicks REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-97 914-676-3639  
Date Daytime Phone #

CR2E034 (9/96)