FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 5:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **388844** **(3)**

1. Corporation Name

LAKE WILSON MOTEL CORP.

Principal Place of Business	Mailing Address
3250 MARY STREET MIAMI FL 33133-5232	3250 MARY STREET MIAMI FL 33133-5232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/24/1971**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1367624**	☐ Applied For ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LEFTON,DONALD E
3250 MARY ST.
SUITE 500
COCONUT GROVE FL 33133

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 this 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DC	☐ Change ☐ Addition
NAME	WEISER, SHERWOOD CHRM	
STREET ADDRESS	3250 MARY ST., STE 500	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☐ Change ☐ Addition
NAME	LECKHART, LARRY	
STREET ADDRESS	2702 E COLONIAL DR	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	VDS	☐ Change ☐ Addition
NAME	BERNSTEIN, JACK S	
STREET ADDRESS	12 LAGORCE CIRCLE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PDAS	☐ Change ☐ Addition
NAME	BENNETT, ALLAN	
STREET ADDRESS	110 SOLANO PRADO	
CITY-ST-ZIP	CORAL GABLES, FL 00000	
TITLE	PDAS	☐ Change ☐ Addition
NAME	LEFTON, DONALD E	
STREET ADDRESS	3250 MARY ST., STE 500	
CITY-ST-ZIP	MIAMI FL	
TITLE	VAS	☐ Change ☐ Addition
NAME	TEMLING, PETER W.	
STREET ADDRESS	3250 MARY STREET STE 500	
CITY-ST-ZIP	MIAMI FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: W. Peter Temling Sec. 4-27-95 (305) 445-2492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0135111 CP