

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 390072 (7)**

1. Corporation Name  
**LAKE TOWER ESTATES, INC.**



Principal Place of Business: % GEORGE A. LEVINE, 8700 N. KENDALL DR., #102, MIAMI FL 33176  
Mailing Address: % GEORGE A. LEVINE, 8700 N. KENDALL DR., #102, MIAMI FL 33176

3. Date Incorporated or Qualified: **10/21/1971**  
3a. Date of Last Report: **04/04/1995**

2. Principal Place of Business: 21 **8700 N KENDALL Dr #102**, Suite Apt. #, etc. **102**, City & State **MIAMI FL**, Zip **33176**, Country **USA**  
2a. Mailing Address: 26 **8700 N. KENDALL Dr.**, Suite Apt # etc. **#102**, City & State **MIAMI, FLORIDA**, Zip **33176**, Country **USA**  
4. FEI Number: **59-1445041**  
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. 193.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **LEVINE, GEORGE A MD, 8700 N KENDALL DR #102, MIAMI FL 33176**  
10. Name and Address of New Registered Agent: 81 Name: **GEORGE A. LEVINE, M. D.**, 82 Street Address (P.O. Box Number is Not Acceptable): **8700 N. KENDALL DR. #102**, 84 City: **MIAMI, FL**, 85 Zip Code: **33176**

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 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: **GEORGE A. LEVINE,** (Signature, typed or printed name of registered agent and title if applicable) *George A. Levine* (NOTE: Registered Agent signature required when reinstating) DATE: **4/26/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	LEVINE, GEORGE A	1.2 NAME	
STREET ADDRESS	8700 N. KENDALL DR # 102	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		5.2 NAME	<b>800001864518</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-06/18/96--01010--045</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***200.00</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on 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: *George A. Levine* (Signature and typed or printed name of signing officer or director) DATE: **4-26/96** Daytime Phone #: **4126/96 CS 511/96**  
**GEORGE A. LEVINE, M. D.**