SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Aug 04 1997 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # 399535 LAKE RECREATION INC Principal Place of Business Mailing Address 407 LINCOLN ROAD, SUITE 6-G 407 LINCOLN ROAD, SUITE 6-G MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report <u>04/19/1972</u> 07/01/1996 2. Principal Pjace of Business 2a. Mailing Address Applied For VARIETY TORC 21 26 NOT APPLICABLE Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LICHT, HERBERT A 151 VARIETY TREE CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) **ALTAMONTE SPRINGS FL 32714** 83 84 City Zip Code 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 registered agont and title if applicable 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (4/97 DELETE TITLE 1.3 TITLE Change Addition LICHT, HERBERT A NAME 1.2 NAME **151 VARIETY TREE CIRCLE** STREET ADDRESS 1.3 STREET ADDRESS **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP 1.4 City-ST-ZiP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** 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 of 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 chapter, or on an attachment with an express.

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