

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 17, 1999 8:00 am
Secretary of State

06-17-1999 90002 019 ***150.00

DOCUMENT #

1. Corporation Name

422831

GARDEN LAKES, INC.

Principal Place of Business

Mailing Address

c/o Howard Amdur CPA P.A.
11420 N. Kendall Dr #202
Miami, FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/05/1973

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1538064

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Howard M. Amdur CPA P.A.
11420 N. Kendall Drive #202
Miami, FL 33176

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 607.508, 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/10/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D ☐ DELETE

NAME Byron F. Sherrill

STREET ADDRESS c/o Howard Amdur CPA P.A.

CITY-ST-ZIP 11420 N Kendall Drive #202

NAME Miami, FL 33176 ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/99 (305) 594-5300

CR2E034 (11/98)

HOWARD M. AMDUR, C.P.A., P.A.

11420 N. Kendall Drive, Suite 202
Miami, Florida 33176

576931-90002-19
Doc # 422831

DATE June 10, 1999

TO

Telephone: (305) 598-5300

SUBJECT

State of Florida

Garden Lakes, Inc.

Division of Corporations

Annual Filing Fee

Please accept the enclosed annual report for Garden Lakes, Inc.

for 1999 with payment included of \$150.00. The corporation is inactive, and the business address has changed from the previous year. As a result, the pre-printed form was not received on a timely basis.

Thank you for your cooperation and consideration in this matter.

SIGNED

☐ PLEASE REPLY

☐ NO REPLY NECESSARY