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Mar 06 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 # 424311

(9)

1. Corporation Name
LAKE MANOR PROPERTIES, INC.



Principal Place of Business
**13827 S INDIAN RIVER DRIVE #71
 JENSEN BEACH FL 34957-2241**

Mailing Address
**C/O ADVANTAGE PROPERTY MANAGEMENT
 P.O. BOX 65
 JENSEN BEACH FL 34958-0065**

| | |
|--|---|
| 3. Date Incorporated or Qualified 04/23/1973 | 3a. Date of Last Report 04/23/1996 |
| 4. FEI Number 59-1449330 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent
FORTE, LORRAINE
C/O ADVANTAGE PROPERTY MANAGEMENT
1274 N.E. BUSINESS PARK PLACE
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

| |
|---|
| 81. Name |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. |
| 84. City |
| 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

| | | |
|----|--|---|
| T | <input type="checkbox"/> DELETE | LYNCH, WILLIAM 13827 S INDIAN RVR DR#48 JENSEN BCH FL |
| SD | <input type="checkbox"/> DELETE | LOROUX, NORMAN 13827 S. INDIAN RIVER DRIVE #45 JENSEN BEACH FL |
| VP | <input checked="" type="checkbox"/> DELETE | GROVE, GEORGE 13827 S INDIAN RVR DR#59 JENSEN BCH FL |
| P | <input type="checkbox"/> DELETE | COOK, EILEEN 13827 S INDIAN RVR DR#30 JENSEN BCH FL |
| D | <input type="checkbox"/> DELETE | HARTMAN, HARVEY 13827 S. INDIAN RIVER DR. #33 JENSEN BEACH FL |
| D | <input checked="" type="checkbox"/> DELETE | PARKER, DARYL 13827 S. INDIAN RIVER DR. #62 JENSEN BEACH FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------------------|--|
| 1.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | SOARBROUGH, WARREN | |
| 6.3 STREET ADDRESS | 19827 S. INDIAN RIVER DR. # 61 | |
| 6.4 CITY-ST-ZIP | JENSEN BEACH, FL 34957 | |

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: _____ DATE: _____ DAYTIME PHONE: **561-394-8900**

CR2E034 (9/96)