


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

**FILED**

**Feb 11 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 424311 (9)**

1. Corporation Name  
**LAKE MANOR PROPERTIES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>13827 S INDIAN RIVER DRIVE #71 JENSEN BEACH FL 34957-2241</b>	Mailing Address <b>C/O ADVANTAGE PROPERTY MANAGEMENT P.O. BOX 65 JENSEN BEACH FL 34958</b>
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3. Date Incorporated or Qualified  
**04/23/1973**

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Mailing Address Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country
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4. FEI Number  
**59-1449330**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 **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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYNCH, WILLIAM</b>	1.2 NAME	
STREET ADDRESS	<b>13827 S INDIAN RVR DR#48</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JENSEN BCH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOROUX, NORMAN</b>	2.2 NAME	
STREET ADDRESS	<b>13827 S. INDIAN RIVER DRIVE #45</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JEMSEN BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COOK, EILEEN</b>	3.2 NAME	<b>D Barrett, Richard</b>
STREET ADDRESS	<b>13827 S INDIAN RVR DR#30</b>	3.3 STREET ADDRESS	<b>13827 S. Indian River Dr</b>
CITY-ST-ZIP	<b>JENSEN BCH FL</b>	3.4 CITY-ST-ZIP	<b>Jensen Beach, FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARTMAN, HARVEY</b>	4.2 NAME	
STREET ADDRESS	<b>13827 S. INDIAN RIVER DR. #33</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JENSEN BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCARBROUGH, WARREN</b>	5.2 NAME	
STREET ADDRESS	<b>13827 S. INDIAN RIVER DR., #61</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JENSEN BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 I am registered or appointed with an address.

SIGNATURE: \_\_\_\_\_ DATE: **1/27/98 561-334-8900**

CR2E034 (1097)