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Secretary of State

03-01-1999 90176 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 424311

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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 04/23/1973	
4. FEI Number 59-1449330	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNCH, WILLIAM	1.2 NAME	HUENEKE, ROBERT
STREET ADDRESS	13827 S INDIAN RVR DR#48	1.3 STREET ADDRESS	13827 S. INDIAN RIVER DR. #57
CITY-ST-ZIP	JENSEN BCH FL	1.4 CITY-ST-ZIP	Jensen Beach, FL 34957
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOROUX, NORMAN	2.2 NAME	
STREET ADDRESS	13827 S. INDIAN RIVER DRIVE #45	2.3 STREET ADDRESS	
CITY-ST-ZIP	JEMSEN BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, RICHARD	3.2 NAME	
STREET ADDRESS	13827 S INDIAN RVR DR#30	3.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, HARVEY	4.2 NAME	VPD
STREET ADDRESS	13827 S. INDIAN RIVER DR. #33	4.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARBROUGH, WARREN	5.2 NAME	PD
STREET ADDRESS	13827 S. INDIAN RIVER DR., #61	5.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	5.4 CITY-ST-ZIP	
TITLE		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)(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:

Harvey Hartman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99
 Date

561-934-8900
 Daytime Phone #

CR2E034 (1/98)