

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY - 1 AM 9: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **557441** (3)

1. Corporation Name  
**F.L.C. LAKEHOUSE, INC.**

200001484822  
-05/12/95--01004--001  
\*\*\*6200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**10065 RED RUN BLVD  
OWINGS MILLS MD 21117  
US**

3. Date Incorporated or Qualified **01/17/1978** 3a. Date of Last Report **05/01/1994**

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

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9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SO PINE ISL RD  
PLANTATION FL 33324**

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

Signature (Print or printed name of registered agent and title of corporation)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>ELKINS, ROBERT N</b>
STREET ADDRESS	<b>10065 RED RUN BLVD</b>
CITY ST ZIP	<b>OWINGS MILLS MD</b>
TITLE	<b>VP</b>
NAME	<b>CIRKA, LAWRENCE P</b>
STREET ADDRESS	<b>10065 RED RUN BLVD</b>
CITY ST ZIP	<b>OWINGS MILLS MD</b>
TITLE	<b>V</b>
NAME	<b>CAHILL, DENNIS A</b>
STREET ADDRESS	<b>10065 RED RUN BLVD</b>
CITY ST ZIP	<b>OWINGS MILLS MD</b>
TITLE	<b>SD</b>
NAME	<b>LEVIN, MARC B</b>
STREET ADDRESS	<b>10065 RED RUN BLVD</b>
CITY ST ZIP	<b>OWINGS MILLS MD</b>
TITLE	<b>VD</b>
NAME	<b>ELKINS, MARSHALL A</b>
STREET ADDRESS	<b>10065 RED RUN BLVD</b>
CITY ST ZIP	<b>OWINGS MILLS MD</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Pickett, Taylor</b>
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>PD</b>
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

*5/1/95 MSF*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Taylor Pickett* Taylor Pickett 1/30/95 (410)998-8745