

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **557441** (3)
1. Corporation Name
F.L.C. LAKEHOUSE, INC.



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

3. Date Incorporated or Qualified: **01/17/1978**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1835706**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-84) fields: Name, Street Address, City, State (FL), 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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	PICKETT, TAYLOR	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-STATE-ZIP	OWINGS MILLS MD	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CIRKA, LAWRENCE P	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-STATE-ZIP	OWINGS MILLS MD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CAHILL, DENNIS A	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-STATE-ZIP	OWINGS MILLS MD	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEVIN, MARC B	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-STATE-ZIP	OWINGS MILLS MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ELKINS, MARSHALL A	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-STATE-ZIP	OWINGS MILLS MD	
TITLE		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fulchino, mark	
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	400001734704	
3.4 CITY-STATE-ZIP	-03/06/96--01098--001	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	***6800.00	
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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 119.07(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: *Mark Fulchino* mark Fulchino 2/6/96 (410) 998-8578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)