

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

FILED

Apr 24 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 581602 (0)

1. Corporation Name
LIMA LAKE, INC.

Principal Place of Business
501 MANDALAY AVE.
P O BOX 3488
CLEARWATER BEACH FL 34630-3488

Mailing Address
501 MANDALAY AVE.
P O BOX 3488
CLEARWATER BEACH FL 34630-8488



3. Date Incorporated or Qualified 08/08/1978
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-1334347

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAUSCH, MICHAEL C
501 MANDALAY AVE-OFFICE
CLEARWATER BEACH FL 33515

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SCHREIBER, KATHERINE
STREET ADDRESS 501 MANDALAY AVE.
CITY-ST-ZIP CLEARWATER BCH. FL.

1.1 TITLE Director
1.2 NAME Bourdin, Noel
1.3 STREET ADDRESS 501 Mandalay Avenue
1.4 CITY-ST-ZIP Clearwater Beach, FL 34630

TITLE D
NAME SHAW-KENNEDY, B.J.
STREET ADDRESS 501 MANDALAY AVE.
CITY-ST-ZIP CLEARWATER BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME DUBROW, ELI
STREET ADDRESS 501 MANDALAY AVE.
CITY-ST-ZIP CLEARWATER BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME LONIS, LARRY
STREET ADDRESS 501 MANDALAY AVE.
CITY-ST-ZIP CLEARWATER BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE PT
NAME RAUSCH, MICHAEL C
STREET ADDRESS 501 MANDALAY AVE.
CITY-ST-ZIP CLEARWATER BEACH FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE S
NAME BAKER, BARBARA
STREET ADDRESS A501 MANDALAY AVENUE
CITY-ST-ZIP CLEARWATER BEACH FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97

813/443-2400

Date

Daytime Phone #

CR2E034 (9/96)