

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **581602** (0)

1. Corporation Name
LIMA LAKE, INC.

Principal Place of Business
**501 MANDALAY AVE.
P O BOX 3488
CLEARWATER BEACH FL 34630-5488**

Mailing Address
**501 MANDALAY AVE.
P O BOX 3488
CLEARWATER BEACH FL 34630-5488**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1978	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1334347		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip		30. Country	
24. Zip		25. Country		29. Zip	
25. Country		30. Country		31. Country	

9. Name and Address of Current Registered Agent RAUSCH, MICHAEL C 501 MANDALAY AVE-OFFICE CLEARWATER BEACH FL 33515		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code	
85. State		86. 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREIBER, KATHERINE	1.2 NAME	
STREET ADDRESS	501 MANDALAY AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER BCH. FL.	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW-KENNEDY, B.J.	2.2 NAME	
STREET ADDRESS	501 MANDALAY AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBROW, ELI	3.2 NAME	
STREET ADDRESS	501 MANDALAY AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONIS, LARRY	4.2 NAME	
STREET ADDRESS	501 MANDALAY AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER BEACH FL	4.4 CITY-ST-ZIP	
TITLE	PT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUSCH, MICHAEL C	5.2 NAME	
STREET ADDRESS	501 MANDALAY AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER BEACH FL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, BARBARA	6.2 NAME	
STREET ADDRESS	501 MANDALAY AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER BEACH FL	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.

SIGNATURE: *Michael C. Rausch* 4-9-98 813/443-2400

CR2E034 (10/97)