

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90098 032 \*\*\*150.00

DOCUMENT # 581602

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

3. Date Incorporated or Qualified

08/08/1978

4. FEI Number  
59-1334347

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

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 33767

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 D  
1.2 NAME NOEL V. BOUNOIN  
1.3 STREET ADDRESS 501 MANDALAY AVE  
1.4 CITY-ST-ZIP CLEARWATER, FL 33767

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-99

727.443.2400

CR2E034 (11/98)