

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 # 592009 (5)

1. Corporation Name

LAKESIDE CORP.



Principal Place of Business

Mailing Address

501 MANDALAY AVE  
P.O. BOX 3488  
CLEARWATER BCH FL 34630-5488

501 MANDALAY AVE  
P.O. BOX 3488  
CLEARWATER BCH FL 34630-5488

3. Date Incorporated or Qualified  
11/02/1978

3a. Date of Last Report  
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

TITLE D ☐ DELETE  
NAME BOURDIN, NOEL  
STREET ADDRESS 501 MANDALAY AVENUE  
CITY-ST-ZIP CLEARWATER FL

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

TITLE D ☐ DELETE  
NAME DUBROW, ELI B.  
STREET ADDRESS 501 MANDALAY AVENUE  
CITY-ST-ZIP CLEARWATER BEACH FL

TITLE D ☐ DELETE  
NAME SHAW-KENNEDY, B. JOHN  
STREET ADDRESS 501 MANDALAY AVE  
CITY-ST-ZIP CLEARWATER BCH FL

TITLE S ☐ DELETE  
NAME BAKER, BARBARA  
STREET ADDRESS 501 MANDALAY AVE  
CITY-ST-ZIP CLEARWATER BCH FL

TITLE D ☐ DELETE  
NAME LONIS, LARRY  
STREET ADDRESS 501 MANDALAY AVE  
CITY-ST-ZIP CLEARWATER BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assistant Treasurer ☐ Change ☒ Addition  
1.2 NAME Schreiber, Peter  
1.3 STREET ADDRESS 501 Mandalay Avenue  
1.4 CITY-ST-ZIP Clearwater Beach, Florida

2.1 TITLE President, Treasurer ☐ Change ☒ Addition  
2.2 NAME Rausch, Michael  
2.3 STREET ADDRESS 501 Mandalay Avenue  
2.4 CITY-ST-ZIP Clearwater, Florida 34630

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. C. RAUSCH

Date

4-30-96

Daytime Phone

813/ 443-2400

CR2E034 (12/95)