

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

FILED  
Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 592009 (5)  
1. Corporation Name  
LAKESIDE CORP.

Principal Place of Business 501 MANDALAY AVE P.O. BOX 3488 CLEARWATER BCH FL 34630-5488	Mailing Address 501 MANDALAY AVE P.O. BOX 3488 CLEARWATER BCH FL 34630-8488
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3. Date Incorporated or Qualified 11/02/1978	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1340867	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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
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	<input type="checkbox"/> DELETE
NAME	BOURDIN, NOEL	
STREET ADDRESS	501 MANDALAY AVENUE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHREIBER, KATHERINE	
STREET ADDRESS	501 MANDALAY AVE	
CITY-ST-ZIP	CLEARWATER BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUBROW, ELL B.	
STREET ADDRESS	501 MANDALAY AVENUE	
CITY-ST-ZIP	CLEARWATER BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAW-KENNEDY, B. JOHN	
STREET ADDRESS	501 MANDALAY AVE	
CITY-ST-ZIP	CLEARWATER BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BAKER, BARBARA	
STREET ADDRESS	501 MANDALAY AVE	
CITY-ST-ZIP	CLEARWATER BCH FL	
TITLE	D	<input type="checkbox"/> 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	President/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael C. Rausch	
1.3 STREET ADDRESS	501 Mandalay Avenue	
1.4 CITY-ST-ZIP	Clearwater Beach, FL 34630	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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, as changed, or on an attachment with an address.

SIGNATURE:

*Michael C. Rausch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97 813/443-2400  
Date Daytime Phone #

CR2E034 (9/96)