

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **655463** (8)

1. Corporation Name
TIGER LAKE, INC.



Principal Place of Business: **412 NE 16TH AVE., SUITE 130 P. O. BOX 1776 GAINESVILLE FL 32601**
Mailing Address: **412 NE 16TH AVE., SUITE 130 P. O. BOX 1776 GAINESVILLE FL 32601**

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

3. Date Incorporated or Qualified: **02/11/1980** 3a. Date of Last Report: **02/28/1995**
4. FEI Number: **59-1998227** 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 has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **LEE, DENNIS G. 412 N.E. 16TH AVE. GAINESVILLE, FL 32601**
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 607.0702 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 607.060, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	PSD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, DENNIS G.	2. NAME	
STREET ADDRESS	412 NE 16 AVE.	13. STREET ADDRESS	
CITY, STATE	GAINESVILLE, F 00000	14. CITY, ST, ZIP	
TITLE	VAS	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, CARIDAD	22. NAME	
STREET ADDRESS	412 NE 16 AVENUE	23. STREET ADDRESS	
CITY, STATE	GAINESVILLE, F 00000	24. CITY, ST, ZIP	
TITLE	AS	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, LISA S.	32. NAME	
STREET ADDRESS	412 N.E. 16 AVE.	33. STREET ADDRESS	
CITY, STATE	GAINESVILLE FL	34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, STATE		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, STATE		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, STATE		64. 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. But I am an officer or director of the corporation or the register or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with a address.

SIGNATURE: *Dennis G. Lee* *Dennis G. Lee* 2-22-96 334-1976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)