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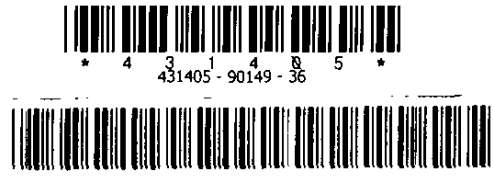
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706809
 1. Corporation Name
LAKE MAYAN APARTMENTS INC

Principal Place of Business 1850 SOUTH OCEAN DRIVE FT. LAUDERDALE FL 33316	Mailing Address 1850 SOUTH OCEAN DRIVE FT. LAUDERDALE FL 33316
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 02/07/1964	4. FEI Number NOT APPLICABLE Applied For 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
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9. Name and Address of Current Registered Agent SHUGART, BARBARA A 1850 S. OCEAN DRIVE FT LAUDERDALE FL 33316	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Barbara A. Shugart Manager *Barbara A. Shugart* DATE 3-30-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MAJCHER, JOHN <input type="checkbox"/> DELETE	1.1 TITLE	P Polizano, Loretta <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAJCHER, JOHN	1.2 NAME	Polizano, Loretta
STREET ADDRESS	1850 SO OCEAN DR	1.3 STREET ADDRESS	1850 S. Ocean Dr.
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale
TITLE	T MCDONALD, THOMAS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, THOMAS	2.2 NAME	
STREET ADDRESS	1805 S OCEAN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D STAPLETON, THOMAS <input type="checkbox"/> DELETE	3.1 TITLE	S Stapleton, Thomas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAPLETON, THOMAS	3.2 NAME	Stapleton, Thomas
STREET ADDRESS	1850 SO OCEAN DR	3.3 STREET ADDRESS	1850 S. Ocean Dr.
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL
TITLE	D SMALL, JOSEPH <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP Moore, Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMALL, JOSEPH	4.2 NAME	Moore, Robert
STREET ADDRESS	1850 SO OCEAN DR	4.3 STREET ADDRESS	1850 S. Ocean Dr.
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL
TITLE	P TAFT, DON <input type="checkbox"/> DELETE	5.1 TITLE	D Taft, Don <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAFT, DON	5.2 NAME	Taft, Don
STREET ADDRESS	1850 S OCEAN DR	5.3 STREET ADDRESS	1850 S. Ocean Dr.
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	Ft. Lauderdale, FL
TITLE	V KIRK, ALBERT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D Kirk, Barbara <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRK, ALBERT	6.2 NAME	Kirk, Barbara
STREET ADDRESS	1850 S OCEAN DR	6.3 STREET ADDRESS	1850 S. Ocean Dr.
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP	Ft. Lauderdale, FL

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 617, 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: Loretta Polizano *Loretta Polizano* DATE 4/23/99 DAYTIME PHONE # 954-522-4412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)