


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 714301 (9) 1. Corporation Name LAKEVIEW, INC.					
Principal Place of Business 675 EAST LAKE DRIVE #7 NAPLES FL 33940			Mailing Address 675 EAST LAKE DRIVE #7 NAPLES FL 33940		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 34102 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 34102 29 Country		3. Date Incorporated or Qualified 03/25/1968 4. FEI Number 59-1802742 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			
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent LAYMAN, MARTINE LAKEVIEW INC., APT. 6 675 E. LAKE DR. NAPLES FL 33940			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 34102		
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 registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBB, ELIZABETH		1.2 NAME		
STREET ADDRESS	675 E. LAKE DRIVE. #7		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THARINGER, EDWARD		2.2 NAME		
STREET ADDRESS	6300 W. WISCONSIN AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WAUWATOSA WI 53213		2.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERS, W. JOHN		3.2 NAME		
STREET ADDRESS	470 N. MAPLE ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MERCER PA 16137		3.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAYMAN, MARTINE		4.2 NAME		
STREET ADDRESS	675 E. LAKE DR APT. 6		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		4.4 CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOINER, JOSEPH S		5.2 NAME		
STREET ADDRESS	299 THE BROOKLANDS		5.3 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH		5.4 CITY-ST-ZIP	AKRON OH 44305	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRASS, A. B		6.2 NAME		
STREET ADDRESS	2100 GATESBOROUGH CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MURRAY KY		6.4 CITY-ST-ZIP	MURRAY KY 42071	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Elizabeth Webb E ELIZABETH WEBB 1/22/98 (941)263-7154

CR2E037 (10/97)

LAKEVIEW INC

Additional officers

12.

- D. COURTNEY MCKEE  
698 E. LAKE DRIVE  
NAPLES, FL 34102
- D. AIME KEROAK  
58 PRAIRIE DRIVE  
BEACONSFIELD, QUEBEC  
CANADA H9W5K6
- S. PRISCILLA HUGHES  
621 MAIN STREET  
HARWICH PORT, MA 02646