


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18, 1999 8:00am
Secretary of State

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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 # 716972

1. Corporation Name
LAKE PARK CONDOMINIUM I, INC.

Principal Place of Business 900 N.E. LAKE PARK DRIVE NORTH MIAMI BEACH FL 33179-3009	Mailing Address 900 NE 199TH ST NORTH MIAMI BEACH FL 33179-3009 US
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21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.	23. Date Incorporated or Qualified 08/06/1969
24. City & State	25. City & State	26. FEI Number 59-1274009
27. Zip	28. Country	29. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
30. Zip	31. Country	32. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent GOLDBERG, LEONARD 940 N.E. 199 STREET NORTH MIAMI FL 33179	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. Zip Code FL

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBIN, VICTOR	1.2 NAME	
STREET ADDRESS	950 NE 199 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NMB FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, MARTIN	2.2 NAME	
STREET ADDRESS	922 NE 199TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, GEORGE	3.2 NAME	
STREET ADDRESS	942 N.E. 199 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBLUM, SIDNEY	4.2 NAME	
STREET ADDRESS	922 NE 199TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, LEO	5.2 NAME	
STREET ADDRESS	920 NE 199TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL 33179	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFSTEIN, JACK	6.2 NAME	
STREET ADDRESS	920 NE 199TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	6.4 CITY-ST-ZIP	

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:  **SIGNATURE REQUIRED** **JAN 29 1999** (35) 651-8801

CR2E037 (1/98)