

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 730954 (5)
1. Corporation Name
LAKE SHARON INCORPORATED



Principal Place of Business Mailing Address
#1 KATHY LANE LAKE SHARON ESTATES FREEPORT FL 32439-6730
#1 KATHY LANE LAKE SHARON ESTATES FREEPORT FL 32439-6811

3. Date Incorporated or Qualified 10/25/1974
3a. Date of Last Report 03/22/1996
4. FEI Number 59-1576735
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

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

9. Name and Address of Current Registered Agent
GALLAGHER, GEORGE
7 DARRELL COURT
FREEPORT FL 32439

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 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: George Gallagher DATE: 2/3/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GALLAGHER, GEORGE	
STREET ADDRESS	7 DARRELL COURT	
CITY-ST-ZIP	FREEPORT, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCKINNEY, FRANCIS	
STREET ADDRESS	12 DARRELL COURT	
CITY-ST-ZIP	FREEPORT FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROBERSON, ANNE	
STREET ADDRESS	7 PETERS COURT	
CITY-ST-ZIP	FREEPORT, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STEFANIK, BONNIE	
STREET ADDRESS	12 HICKORY LANE	
CITY-ST-ZIP	FREEPORT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BECKER, KEN	
STREET ADDRESS	3 GNE COURT	
CITY-ST-ZIP	FREEPORT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NISBIT, FLORENCE	
STREET ADDRESS	7 KATHY LANE	
CITY-ST-ZIP	FREEPORT FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STEFANCIC, PATTI
5.3 STREET ADDRESS	3 PETERS COURT
5.4 CITY-ST-ZIP	FREEPORT, FL
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GEORGE GALLAGHER George Gallagher 2/3/97 904-897-5589

CR2E037 (9/96)