

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1984.
ANNUAL REPORT DUE ON OR BEFORE 8/14/84: \$225 (IF DISSOLVED, MINIMUM ANNUAL DUE TO REINSTATE: \$375)

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

94 AUG 15 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F22881 (9)

1. Corporation Name

LAKEWEST EQUITY MANAGEMENT CORPORATION

Mailing Address
8130 BAYMEADOWS WAY W., #302
JACKSONVILLE FL 32256

Principal Place of Business
8130 BAYMEADOWS WAY W., #302
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/10/1981	3a. Date of Last Report 05/01/1993
4. FEI Number 59-2069098	Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

SULZBACHER, WILLIAM M
1496 PARK AVE.
ORANGE PARK FL 32073

10. Name and Address of Now Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 8130 Baymeadows Way West, Ste. 302
83
84 City Jacksonville
85 Zip Code FL 32256

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/S/T	1.1 TITLE	
1.2 NAME	SULZBACHER WILLIAM M	1.2 NAME	
1.3 STREET ADDRESS	1496 PARK AVENUE	1.3 STREET ADDRESS	8130 Baymeadows Way West, Ste. 302
1.4 CITY ST ZIP	ORANGE PARK FL	1.4 CITY ST ZIP	Jacksonville, FL 32256
2.1 TITLE	D	2.1 TITLE	
2.2 NAME	RUTTENBERG, ROGER F.	2.2 NAME	
2.3 STREET ADDRESS	1496 PARK AVENUE	2.3 STREET ADDRESS	8130 Baymeadows Way West, Ste. 302
2.4 CITY ST ZIP	ORANGE PARK FL	2.4 CITY ST ZIP	Jacksonville, FL 32256
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY ST ZIP		3.4 CITY ST ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY ST ZIP		4.4 CITY ST ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY ST ZIP		5.4 CITY ST ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY ST ZIP		6.4 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 13.01 of the 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 13 or Chapter 17, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

William M. Sulzbacher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William M. Sulzbacher

8-9-94

904-739-2208