FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT #

F28990

(2)

- Principal Pace o	ARD LAKES REALTY COR If Business VOOD BOULEVARD OUTH	Mailing Address 4000 HOLLYWOO SUITE 425 SOUTH					
NOLLING TE SAX:				3. Date Incorporated or Qualified 04/08/1981	3a. Date of Last Report 01/25/1995		
t. Principal Plac	e of Business	2a. Maring Address		4. FEI Number 59-2789903		Applied For Not Applicable	
Scale, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional Fee Required	
City & State		Oty & State		6. Election Campa:gn Financing	\$5.0	May Be	
Zip Country		28	Country	Trust Fund Contribution	Added to Fees intangible tax under s 199.032		
Zip Country 25		29	30	Florida Statutes	□No	199.002,	
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New R	egistered Agent		
LAMON1	AND NEIMAN, P.A.			ress (P.O. Box Number is Not Acceptable	Δ)		
2 S. BIS	CAYNE BLVD.			1955 (F.O. DOX 14:PHDG) 15 14OC PCCEPARD			
SUITE 3550 MIAMI FL 33131			83				
MIAMIF	L 33131		84 City	ner en	FL 85 Z	p Code	
2. Tys CMS Defit Abbre SS	OFFICERS AN PTD MANSELL, PATRICK J 4000 HOLLYWOOD BL 425	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	DRS IN 12	
dr St 797	HOLLYWOOD FL		1.4 CHY+ST-ZIP				
FEE AME PREET ASIGNESS	D HIGGINS, RICHARD L 4000 HOLLYWOOD BL 425 HOLLYWOOD FL	□ DELETE	2 1 TUL F 2 2 NAME 2 3 STHEET ADDRESS		☐ Change	☐ Addition	
Tains (1276) Top MME Page 1 A Lapping (1	110121111000112	☐ DELETH	2.4 CHY-SI-ZIP 3.1 THE 3.2 NAME 3.3 STREET ADDRESS		Change	Addition	
MMs HeEELALUBUSTS	,,	[_] OF1ETE	3.4 CITY - ST - ZIF 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change	Addition	
Tr. ST. Zie TEE KM: HEB LACCERSS		DELETE	4 4 C1Y - S1 - ZIF 5 1 TILE 5 2 NAME 5 3 STREET ADDRESS		Change	Addition	
17-51-20 07 00:		□ actete	5.4.00 y - 51 - 71P 6.11 ULE 6.2. NAME 6.3.5 THEE* ADDRESS		☐ Change	Addition	
certify that I eath, that I	the information indicated on this ann	aual report or supplemental oration or the receiver or th	annual report is true and accur- ustee empowered to execute the	for the exemption stated in Section 119. ate and that my signature shall have the his report as required by Chapter 607, Fix	same legal effect as	if made under	
SIGNATI	JRE: X MINAID TO SIGNATURE AND TYPED O	F , HIJOINS	FFICER OR DIRECTOR	Dave	Oaytone Phone		