FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F36397 **DOCUMENT #**

(0)

FILED

Mar 27 1998 8:00am

Secretary of State

FOREST LAKE NORTH CORP.	, ,			
Principal Place of Business	Mailing Address			1844 B1841 B1914 B1811 B1811 H981
875 NW 168 TERRACE 875 NW 168TH TERRACE MIAMI FL 33169 US MIAMI FL 33169			DO NOT WRITE IN THE	S SPACE
			3. Date Incorporated or Qualified	· · · -
			05/27/1981	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-2096855	Not Applicable
	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the o	
24 25	29 3		Personal Property Tax due June 30.	☐ Yes ☐ No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
THOMSON, FRED		81 Name		
875 NW 168TH TERRACE		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
MIAMI FL 33169				
		83		
		84 City		85 Zip Code
			F	ᆫᆝᆝ
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate 	l and 607.1508, Florida Statutes of Florida. Such change was au	, the above-named corp thorized by the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered
agent. I am familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statutes.		, and the state of
SIGNATURE				
Signature, typed or printed name of registered agon 12. OFFICERS AND		Registered Agent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE DP	DELETE	1.1 TITLE	ADDITIONS/OFFARINGS TO OFFICERS A	Change Addition
NAME THOMSON, FRED		1.2 NAME		
STREET ADDRESS 875 NW 168TH TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI, FL 00000		1.4 CITY-ST-ZIP		
TITLE ST	DELETE	2.1 TITLE		Change Addition
NAME THOMSON, NANCY L		2.2 NAME		
STREET ADDRESS 875 NW 168TH TERR		2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI, FL 00000		2. 4 CITY - ST - ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP		
TITLE	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		. 4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
CINCCI ADDOCCO I				
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	C DELETE	5.4 CITY-ST-ZIP		Change
CITY-ST-ZIP TITLE	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
CITY-ST-ZIP TITLE NAME	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP TITLE	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an edicess. FRED THOMSON 3051 625 1269 SIGNATURE: