

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F73026

(9)

1. Corporation Name

LAKE EDEN ESTATES, INC.



Principal Place of Business

1008 EAST ATLANTIC AVENUE
DELRAY BEACH FL 33483

Mailing Address

1008 EAST ATLANTIC AVENUE
DELRAY BEACH FL 33483

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 State Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

WHEAT, FRANKLIN D
1008 E ATLANTIC AVE
DELRAY BEACH FL 33483

3. Date Incorporated or Qualified

03/23/1982

3a. Date of Last Report

03/03/1995

4. FEI Number

59-2258746

Applied For

Not Applicable

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

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 607.06(2) and 607.15(5), 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 obligation of Sections 607.06(2) Florida Statutes.

SIGNATURE

Signature of the person who is registered agent for the corporation

Signature of the person who is authorized to change the registered agent

DATE

12. OFFICERS AND DIRECTORS

12.1	TITLE	PSD	☐ DELETE
12.2	NAME	WHEAT, FRANKLIN D	
12.3	STREET ADDRESS	1008 E ATLANTIC AVENUE	
12.4	CITY-STATE-ZIP	DELRAY BEACH FL	
12.5	TITLE		☐ DELETE
12.6	NAME		
12.7	STREET ADDRESS		
12.8	CITY-STATE-ZIP		
12.9	TITLE		☐ DELETE
12.10	NAME		
12.11	STREET ADDRESS		
12.12	CITY-STATE-ZIP		
12.13	TITLE		☐ DELETE
12.14	NAME		
12.15	STREET ADDRESS		
12.16	CITY-STATE-ZIP		
12.17	TITLE		☐ DELETE
12.18	NAME		
12.19	STREET ADDRESS		
12.20	CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	11 TITLE	☐ Change ☐ Addition
13.2	12 NAME	
13.3	13 STREET ADDRESS	
13.4	14 CITY-STATE-ZIP	
13.5	21 TITLE	☐ Change ☐ Addition
13.6	22 NAME	
13.7	23 STREET ADDRESS	
13.8	24 CITY-STATE-ZIP	
13.9	31 TITLE	☐ Change ☐ Addition
13.10	32 NAME	
13.11	33 STREET ADDRESS	
13.12	34 CITY-STATE-ZIP	
13.13	41 TITLE	☐ Change ☐ Addition
13.14	42 NAME	
13.15	43 STREET ADDRESS	
13.16	44 CITY-STATE-ZIP	
13.17	51 TITLE	☐ Change ☐ Addition
13.18	52 NAME	
13.19	53 STREET ADDRESS	
13.20	54 CITY-STATE-ZIP	
13.21	61 TITLE	☐ Change ☐ Addition
13.22	62 NAME	
13.23	63 STREET ADDRESS	
13.24	64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this report is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(A), Florida Statutes. I further certify that the information indicated on this statement 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 or person 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 this report.

SIGNATURE:

Franklin D. Wheat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-96

CR2E034 (12/95)