TTEP MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

		DIVISION	OF CORPORATIONS		01 00 1000 0000		
DOCU	MENT # F76899				01-28-1999 90035	011 ***150.00	
1. Corporation	LAKE, INC.		•				
Principal Place	e of Business	Mailing Address				8418 1811 A1911 SIGH BIS	
974 POINSETTI COCOA FL 329	·	974 POINSETTIA ST. COCOA FL 32927		ſ			
บร		US		Ĺ		ITE IN THIS SPAC	E.
Ę					 Date Incorporated or Qualifed 04/20/1982 		
L	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2267866		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	5. Certificate of Status Desired	11	.75 Additional ee Required
City & State	e ·	City & State			6. Election Campaign Financing	\$	5.00 May Be
23		28			Trust Fund Contribution	A	dded to Fees
Zip	Country	Zìp	Country	1	8. This corporation owes the curr	• ==	
24	25	29	30		Personal Property Tax.		
	9. Name and Address of Current I	Registered Agent	81 Nam		10. Name and Address of New I	Registered Agent	- :
KING	G, CHARLES D.		81 Nam	16			
974	PPOINSETTA ST.	•	82 Stree	et Address	(P.O. Box Number is Not Accept	able)	
COC	OA FL 32927-5044		83				
		, ·	84 City			E1 85	Zip Code
11 Pursuant	to the provisions of Sections 607.0502	and 607 1508 Florida Str	stutos the obous	d comora	tion submits this statement for the	PURPOSE OF OBSES	: it
office or n	egistered agent, or both, in the State of	Florida, Such change wa	nutes, the above-hames s authorized by the co	rooration's	board of directors. I hereby acce	of the appointment	as registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Such change wa	s authorized by the co	rporation's	board of directors. I hereby acce	pt the appointment	as registered
office or nagent. I as	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such change wa ns of, Section 607.0505,	s authorized by the co Florida Statutes.	rporation's	board of directors. I hereby accept	pt the appointment	as registered
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14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 11-99 407-139 6737
Date Daytime Phone #

FILED

Jan 28, 1999 8:00am

Secretary of State

CR2E034 (11/98

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