

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 26, 1999 8:00 am
Secretary of State
07-26-1999 90007 035 ***550.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000000524** ✓
1. Corporation Name
LODEX IMPERIALAKES, INC.

Principal Place of Business 1180 AVENUE OF THE AMERICAS, 18TH FLOOR NEW YORK NY 10036	Mailing Address 1180 AVENUE OF THE AMERICAS, 18TH FLOOR NEW YORK NY 10036
---	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/05/1993	
21		26		4. FEI Number 13-3696944	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE HALL CORPORATION SYSTEM, INC 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. DIRECTORS IN 12			
Change <input type="checkbox"/> Addition <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE	PD	DELETE <input type="checkbox"/>		1.1 TITLE	FRANCIS X. TANSEY		
NAME	TANSEY, FRANCIS X			1.2 NAME	C/O DRA ADVISORS, INC.		
STREET ADDRESS	50 GLENBROOK RD #11C			1.3 STREET ADDRESS	1180 AVENUE OF THE AMERICAS,		
CITY-ST-ZIP	STAMFORD CT 06902			1.4 CITY-ST-ZIP	18TH FLOOR NEW YORK, NY 10036		
TITLE	VTD	DELETE <input type="checkbox"/>		2.1 TITLE	DAVID LUSKI		
NAME	LUSKI, DAVID			2.2 NAME	C/O DRA ADVISORS, INC.		
STREET ADDRESS	64 CUSHMAN RD			2.3 STREET ADDRESS	1180 AVENUE OF THE AMERICAS,		
CITY-ST-ZIP	SCARSDALE NY			2.4 CITY-ST-ZIP	18TH FLOOR NEW YORK, NY 10036		
TITLE	VS	DELETE <input type="checkbox"/>		3.1 TITLE	BRIAN T. SUMMERS		
NAME	SUMMERS, BRIAN			3.2 NAME	C/O DRA ADVISORS, INC.		
STREET ADDRESS	132 SPRING VALLEY RD			3.3 STREET ADDRESS	1180 AVENUE OF THE AMERICAS,		
CITY-ST-ZIP	PARK RIDGE NJ			3.4 CITY-ST-ZIP	18TH FLOOR NEW YORK, NY 10036		
TITLE		DELETE <input type="checkbox"/>		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				4.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS				4.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE		DELETE <input type="checkbox"/>		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				5.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS				5.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE		DELETE <input type="checkbox"/>		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				6.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS				6.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		

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 attachment with an address.

SIGNATURE: *Francis X. Tansey* 7/19/99 7127643210

CR2E034 (5/99)