

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003042 (9)**

1. Corporation Name

LAKE CITY ASSOCIATES, INC.

Principal Place of Business

710 ROUTE 46 EAST, SUITE 210
FAIRFIELD NJ 07004

Mailing Address

710 ROUTE 46 EAST, SUITE 210
FAIRFIELD NJ 07004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
22-3238356

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

2. Principal Place of Business

21 **710 Route 46 East**

2a. Mailing Address

26 **710 Route 46 East**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 210**

27 **Suite 210**

City & State

City & State

23 **Fairfield NJ**

28 **Fairfield NJ**

Zip

County

Zip

County

24 **07004**

25 **U.S.A.**

29 **07004**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 607.0502 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

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCD**
NAME **BRODIE, SAMUEL**
STREET ADDRESS **710 ROUTE 46 EAST, SUITE 210**
CITY ST ZIP **FAIRFIELD NJ 07004**

TITLE **VD**
NAME **SIMON, PETER E**
STREET ADDRESS **710 ROUTE 46 EAST, SUITE 210**
CITY ST ZIP **FAIRFIELD NJ 07004**

TITLE **STD**
NAME **TAUB, MELVIN S**
STREET ADDRESS **710 ROUTE 46 EAST, SUITE 210**
CITY ST ZIP **FAIRFIELD NJ 07004**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Samuel Brodie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel Brodie, President

4-25-95 201-882-6661

Date

Telephone (Area #)