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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

l	RPORATION UAL REPORT 1997		Sandra B. Mort Secretary of Sta DIVISION OF CORPO			itate			Secretary of State					
DOCUMENT # F9300005936 (0) 1. Corporation Name LAKEPOINTE ENVIRONMENTAL GROUP, INC.														
Principal Place of Business 2763 S.W. MATHESON AVE. VILLA C PALM CITY FL 34990			Mailing Address 2763 S.W. MATHESON AVE. VILLA C PALM CITY FL 34980-2742											
								12	Pate Incorporated or Qu 2/29/1993	ualified		e of Last F <b>1/1996</b>		
2. Principal f	lace of Business		2a. Mailing Addre	SS					El Number <b>73-1389873</b>				oplied For ot Applicable	
Surle, Apt	#, elc		Suite, Apt. #, 6	elc.					Certificate of Status Des	ired [	]	\$8.75	Additional equired	
City & Sta	te		City & State						lection Campaign Fina				May Be	
<b>23</b> Zip		Country	<b>28</b> Zip	Co	untry	<del>,,,</del>			rust Fund Contribution his corporation has liab	bility for Inta			to Fees	
24	25	25 29 30							lorida Statutes		es 🖫		. 100.002	
		Address of Current	Registered Agent		B1			10. N	lame and Address of	New Regist	A bere	gent		
SERAFIN, JACOB R 2763 S.W. MATHESON AVE. VILLA C PALM CITY FL 34990						Name Street A	Addres	s (P.C	D. Box Number is Not A	cceptable)				
TACH VIII 1 C VIOOV						City		<del></del>		·	FL	85 Zip	Code	
11. Pursuant office or	to the provisions registered agent.	of Sections 607.0502 or both, in the State of	and 607.1508, Florida Florida Such chang	a Statutes, the e was authoriz	above ed by	e-named of the corp	corpora	ation is bo	submits this statement ard of directors. I hereb	for the purp by accept th		changing i intment as	ts registered registered	
SIGNATURE														
12.	Signar ne typedity pri	ited name of registered agent		(NOTE: Register		nt signature	required v		instating) DDITIONS/CHANGES TO		DATE C. ANID	DIDECTO	30 IN 40	
i iz.	T <b>P</b>	OFFICERS AND	DEL	13 FTF 11	TITLE	<del></del>		AL	I Capriand Character	OUPPICER		Change	Addition	
NAME	SERAFIN, JA	COB R	L., 000		NAME	- }							Can received	
STREET ADDRESS		ATHESON AVE.				ADDRESS								
CITY - ST - ZIP	PALM CITY F				CITY-S	f							Í	
TILLE	S		DEL.		TITLE							Change	Addition	
NAME	SERAFIN, SH			22	NAME	ļ							ļ	
STREET ADDRESS	7015 WATER			2.3	STREET	ADDRESS								
CITY ST ZIP	UKLAHUMA	CITY OK 72132				ST-ZIP						<u> </u>	1	
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THLE			DEL		TITLE	<del></del>						Change	Addition	
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NAME etick Laboutce					NAME PERFEE	ADDOCCO								
STREET ADDRESS				•		ADDRESS							}	
CITY-ST-74*			DEL		CITY-S TITLE	1-211					··	Change	Addition	
NAME			pum Dec	<b>1</b>	NAME	ĺ					•			
SIRFET ADDRESS						ADDRESS							ļ	
CHY-ST-ZIP	}			1	CITY-S	1							ľ	

14. I do hereby certify that the information supplied with this filling 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:

POLOGY R. SERAPIN SIGNING OFFICER OR DIRECTOR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Apr 11 1997 8:00am