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**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300005936 (0)

LAKEPOINTE ENVIRONMENTAL GROUP, INC. Principal Place of Business Mailing Address 2763 S.W. MATHESON AVE. 2763 S.W. MATHESON AVE. VILLA C PALM CITY FL 34990 PALM CITY FL 34990 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/29/1993 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 73-1389873 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Properly Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SERAFIN, JACOB R 81 2763 S.W. MATHESON AVE. 82 Street Address (P.O. Box Number is Not Acceptable) VILLA C PALM CITY FL 34990 83 84 City Zip Code 85 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 1.1 TITLE SERAFIN, JACOB R NAME 1.2 NAME 2763 S.W. MATHESON AVE. STREET ADDRESS 1.3 STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP 1.4 City - ST - ZiP DELETE Change Addition TITLE 21 TITLE SERAFIN, SHARI L 7015 WATERWOOD WAY STREET ADDRESS 2.3 STREET ADDRESS OKLAHOMA CITY OK 72132 CITY-\$1-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE \_\_ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE Change Addition 4.1 1ITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 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:

Gawk R. SERREIN

30/98

800 477 579

SIGNATURE:

SERAFIN

**FILED** 

Feb 04 1998 8:00am

Secretary of State