

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90017 040 ***150.00

DOCUMENT # **F95000001458**

1. Corporation Name

LAKEWEST PARKWAY, INC.

Principal Place of Business

**55 E. MONROE
STE 1640
CHICAGO IL 60603
US**

Mailing Address

**55 E. MONROE
STE 1640
CHICAGO IL 60603
US**

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

24 **25** Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

29 **30** Country

9. Name and Address of Current Registered Agent

**SULZBACHER, WILLIAM M
C/O BAITA PROPERTY SERVICES, INC.
8130 BAYMEADOWS WAY WEST, SUITE 302
JACKSONVILLE FL 32256**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1995

4. FEI Number

36-4010880

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

William Sulzbacher c/o Agora Developments LLC

82 Street Address (P.O. Box Number is Not Acceptable)

7400 Baymeadows Way, Suite 107

83

- NOTE: SAME AGENT, new address-

84 City

Jacksonville

FL

85 Zip Code
32256

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE
NAME **RUTTENBERG, ROGER F**
STREET ADDRESS **55 E. MONROE, SUITE 1640**
CITY-ST-ZIP **CHICAGO IL**

TITLE **S** ☐ DELETE
NAME **STEVENSON, DAWN**
STREET ADDRESS **55 E. MONROE, SUITE 1640**
CITY-ST-ZIP **CHICAGO IL**

TITLE **D** ☐ DELETE
NAME **BLACK, DENNIS B**
STREET ADDRESS **C/O GOLDBERG, KOHN/ 55 E. MONROE ST. #3700**
CITY-ST-ZIP **CHICAGO IL 60603**

TITLE **V** ☐ DELETE
NAME **SULZBACHER, WILLIAM M**
STREET ADDRESS **C/O BAITA/ 8130 BAYMEADOWS WAY WEST #302**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 12, 1999 312.516.5700

Date

Daytime Phone #

CR2E034 (1/98)