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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

F95000003360 (3)

Corporation Name	

1.	Corporation	i Name				•	,									
	LAKES	SIDE VILL	Α,	INC.							1 188(188 (318 1818) B)	is 26iii 86i	14 00 14 00 110	20122 11122	HHA	4111 3416 1481
Pr	incipal Piace	of Business			M	aling Address					1 1801188 1110 10101 811		H OOM BUH	00100 11100		ONA OF THE CORE
	3001 EXECU SUITE 260	ITIVE DR				3001 EXECUTIVE DR										
	CLEARWATE	R FL 34622				CLEARWATER FL 3462	22				A Data la constitución de	N -1'C1			6	
											3. Date Incorporated or C 07/13/1995	Jualmed	3a. Da	ite of Lasi	нер	ort
	Principal Pla	Place of Business				Mailing Address	\$		4, FEI Number	n				oplied For		
21	Suite, Apt #, etc.				26	Suite, Apt. #, etc			APPLIED FO	H		.		ot Applicable		
22	Suite, April 1	r, etc.			27	Soile, April 4, etc					5. Certificate of Status De	sired		•		Additional equired
	City & State				L.,	City & State					6. Election Campaign Fina	ancing		\$5	.00	May Be
23					28					Trust Fund Contribution Added to Fees						
	Zip Country			20	¬ '			ountry		8. This corporation has liability for intangible tax Florida Statutes Yes 😿 No			tax under	x under s. 199.032,		
24		9. Name	25 and	Address of Current	29 Regis	tered Agent	[30]				10. Name and Address		_	d Agent		
					•	· · · · · · · · · · · · · · · · · · ·		81	N:	anie						
	MCNEA	L, RAND I	Ē					82	St	real Addre	ss (P.O. Box Number is Not	Acceptal	ule)			
Ì		XECUTIVE	DR													
	SUITE 2							83								
	CLEAR	WATER FL	346	22				84	Ci	ty			F	85	Žip i	Code
11	L. Pursuant t	n the provis	ions i	of Sections 607 0502 a	nd 60	7 1508 Florida Statute	s the a	LL.	Dame	ed comora	ition submits this statement fo	or the nu	-		e ron	nieterad office
	or registeri	ed agent or	both	, in the State of Florida obligations of, Section	- Suct	i change was authorize	ed by th	ie com	orat	on's board	d of directors. Thereby accept	t the app	iointment a	as register	red a	gent. I an:
SI	GNATURE	iri, ara albo	pc tri	5 Obligations of, Godin	1 0.71	COO., FIGHAR ORTHOGS										
		Signature typed	or bu	led hame of registered agent in					. 5: 3	at referenced	when renscalings		DATE			
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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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this amous 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: Con DE CONTROL CON CONTROL CONTROL