

APR-22-1997 13:16

CT CORP-PLANTATION

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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000002516**

1. Corporation Name

LAKE CHARLES DEVELOPMENT CORP.

Principal Place of Business Mailing Address
%MORGENS, WATERFALL, VINTIADIS & CO. INC. (SAME)
10 E. 50th Street, 26th Floor
New York, NY 10022

2. Principal Place of Business		2a. Mailing Address		3. Date Incepted or Qualified 05/17/1996		3a. Date of Last Report	
21		26		4. FEI Number 13-3890796		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3800082167093 -05/06/97--01044--017 83 City ***165.00 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 fee, if applicable

(NOTE: Registered Agent signature required when filing this statement)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME		1.2 NAME	LEVINSON, DANIEL M.
STREET ADDRESS		1.3 STREET ADDRESS	10 E 50th ST 26TH FLR
CITY, ST, ZIP		1.4 CITY, ST, ZIP	NEW YORK, NY 10022
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME		2.2 NAME	ERICSON, DAVID A.
STREET ADDRESS		2.3 STREET ADDRESS	10 E 50th ST 26TH FLR
CITY, ST, ZIP		2.4 CITY, ST, ZIP	NEW YORK, NY 10022
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	VINTIADIS, POLYVIOS C.
STREET ADDRESS		3.3 STREET ADDRESS	10 E 50th ST 26TH FLR
CITY, ST, ZIP		3.4 CITY, ST, ZIP	NEW YORK, NY 10022
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	Hegener, Paul J.
STREET ADDRESS		4.3 STREET ADDRESS	590 N.W. Peacock Blvd., Suite 3
CITY, ST, ZIP		4.4 CITY, ST, ZIP	Port St. Lucie, FL 34986
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	Babcock, Thomas A.
STREET ADDRESS		5.3 STREET ADDRESS	590 N.W. Peacock Blvd., Suite 3
CITY, ST, ZIP		5.4 CITY, ST, ZIP	Port St. Lucie, FL 34986
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	Vice President
STREET ADDRESS		6.3 STREET ADDRESS	Anderson, James H./Dike, Ernie R.
CITY, ST, ZIP		6.4 CITY, ST, ZIP	590 N.W. Peacock Blvd., Suite 3

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to file this statement as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of this statement.

Vice President