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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700006734

LAKE DEER OF WINTER HAVEN, INC.

Principal Place of Business Mailing Address							((251/16 (110 151/1 156/1 65/1		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5600 ROSWELL ROAD, SUITE 266 5600 ROSWELL ROAD, SUITI PRADO NORTH PRADO NORTH			TE 266								
ATLANTA GA 30342 ATLANTA GA 30342							DO NOT WRITE IN THIS SPACE				
						1	te Incorporated or Qualife	:d			
		,		·			2/08/1997				
2. Principal Place of Business 2a. Mailing Address							I Number			<u> </u>	ed For
21		26				58	-2358144		- 607		pplicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							rtifcate of Status Desired	X	\$8.75 Additional Fee Required		
27						6 Flo	action Campaign Financin			00 Ma	av Be
23 28			-				ist Fund Contribution	, D		ed to F	
Zip	Country	Zip	Cou	ntry			is corporation owes the cu	urrent year I	ntangible		
24	25 29					I	Personal Property Tax.				
	9. Name and Address of Curren	t Registered Agent	4			10. Na	ime and Address of Nev	/ Registere	d Agent		
				81	Name						
C T CORPORATION SYSTEM				82	Street /	Address (P.O.	Box Number is Not Acce	ptable)			
1200 SOUTH PINE ISLAND ROAD											
PLAN	NTATION FL 33324			83							ļ
				84	City			F	85 Z	Zip Coo	de
	to the provisions of Sections 607.050			<u>] </u>	<u> </u>				-		mintana d
SIGNATURE	m familiar with, and accept the obligation of th	nt and title if applicable. (NOTE	: Registered			equired when reinsta	ating) DITIONS/CHANGES TO	DATE			
12.				13.		ADL	UTIONS/CHANGES TO	JEFICERS F	☐ Chan		Addition
TITLE	PTD		1.1 II 1.2 N		[5-	
NAME	VASEN, J S	ACC DOADO MODEL			ADDRESS						
STREET ADDRESS	5600 ROSWELL ROAD, SUITE	200, FRADO NOMIN									
CITY-ST-ZIP			1.4 CITY-ST-ZIP		······································			☐ Chan	nge	☐ Addition	
NAME	I		2.2 NAME								
STREET ADDRESS	THE POST OF THE PART OF THE PA				TADORESS						į
CITY-ST-ZIP	ATLANTA GA 30342				ST-ZIP						
TITLE			3.1 TI	3.1 TITLE =		e .	-		- ☐ Chan	ige	Addition
NAME			3.2 N	AME							
STREET ADDRESS			3.3 S	TREET	T ADDRESS						
CITY-ST-ZIP			3.4. CITY		ST-ZIP						
TITLE		☐ DELETE	4.1 TI	TLE	1				☐ Chan	ige	Addition
NAME			4. 2 N								
STREET ADDRESS	,	•			TADORESS I						
C/TY-ST-ZIP			4.4 CITY-		T-ZIP				Char		Addition
TITLE	'		5.1 T						Ciar	iAc	
NAME			5.2 N		T ADDRESS						
STREET ADDRESS	{		- 1		T-ZIP						
CITY-ST-ZIP			5.4 C		1-411				Chan		Addition
TITLE			0., 1	-							

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 receives 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 or the receives of the corporation of the receives of trustee empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP