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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G16426

(0)

FILED Jan 29 1998 8:00am Secretary of State

LAKESIDE ENTERPRISES, INC. Principal Place of Business Mailing Address 5675 SW 35TH AVENUE 5675 SW 35TH AVENUE SUITE 201 SOUTH HOLLYWOOD FL 33312 HOLLYWOOD FL 33312 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/13/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2242863 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 24 30 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DECKELBAUM, GORDON 5675 SW 35TH AVENUE Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33312 City 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 life if applicable egistered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PST DELETE TITLE 1.1 TITLE Change ___ Addition DECKELBAUM, GORDON NAME 1.2 NAME 5675 SW 35TH AVE STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change 21 TITLE Addition DECKELBAUM, GORDON NAME 2.2 NAME 5675 SW 35TH AVE STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Addition 5.1 TITLE Channe NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information

4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the informatic 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 empayment 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 encourage and the execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE;

THE URE REQUIRED GORDON DOOKE BOUM 1/2

CR2E034 (10/9)