

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

DOCUMENT # H00851

1. Corporation Name

2604 - 2640 S.E. LAKEVIEW DRIVE, INC.

Principal Place of Business

2604-2640 SE LAKEVIEW DRIVE
SEBRING FL 33870
US

Mailing Address

% STEPHEN L. MILLER
2203 US 27 N.
LAKE PLACID FL 33852

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

SHEEHAN, J. TIMOTHY
234 CENTRAL AVENUE
LAKE PLACID FL 33852

3. Date Incorporated or Qualified

04/26/1984

4. FEI Number

59-2441678

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 J. TIMOTHY SHEEHAN

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

83

84 City LAKE PLACID

FL

85 Zip Code

33852

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 DP
NAME BHULLAR, K. S.
STREET ADDRESS 234 CENTRAL AVENUE
CITY-ST-ZIP LAKE PLACID FL

TITLE S
NAME SHEEHAN, J. TIMOTHY
STREET ADDRESS 234 CENTRAL AVENUE
CITY-ST-ZIP LAKE PLACID FL

TITLE DVT
NAME BHULLAR, A. S.
STREET ADDRESS 234 CENTRAL AVENUE
CITY-ST-ZIP LAKE PLACID FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME BHULLAR, K. S.
1.3 STREET ADDRESS 325 CENTRAL AVENUE
1.4 CITY-ST-ZIP LAKE PLACID, FLORIDA 33852

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME SHEEHAN, J. TIMOTHY
2.3 STREET ADDRESS 325 CENTRAL AVENUE
2.4 CITY-ST-ZIP LAKE PLACID, FLORIDA 33852

3.1 TITLE DVT ☒ Change ☐ Addition
3.2 NAME BHULLAR, A. S.
3.3 STREET ADDRESS 325 CENTRAL AVENUE
3.4 CITY-ST-ZIP LAKE PLACID, FLORIDA 33852

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

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

6.1 TITLE
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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90032 012 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)