


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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J35024** (5)
1. Corporation Name
LAKE REGION REALTY COMPANY

Principal Place of Business 6700 S FLORIDA AVE SUITE 11 LAKELAND FL 33813 US	Mailing Address PO BOX 6816 LAKELAND FL 33807 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1986	
21 Suite, Apt #, etc	26 Suite, Apt #, etc.	4. FEI Number 59-3107434		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BENJAMIN, MICHAEL G --
6700 S FLORIDA AVE --
SUITE 11 --
LAKELAND FL 33813 --**

10. Name and Address of New Registered Agent

81 Name	W. Wm. ELLSWORTH, JR.		
82 Street Address (P.O. Box Number is Not Acceptable)	6700 S. Florida Avenue		
83	Suite 6		
84 City	Lakeland,	85 Zip Code	FL 33813

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in person, 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 *W. Wm. Ellsworth, Jr.* **4/3/98**
Signature typed and printed name of registered agent and date (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD -- <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLSWORTH, W. WM, JR. --	1.2 NAME	
STREET ADDRESS	6700 S. FLORIDA AVE., #6 --	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL --	1.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAVNEY, LINDA	2.2 NAME	
STREET ADDRESS	6700 S. FLORIDA AVE., #6	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	2.4 CITY - ST - ZIP	
TITLE	PB <input checked="" type="checkbox"/> DELETE	3.1 TITLE	President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENJAMIN, MICHAEL G --	3.2 NAME	ANGELA L. LESTER
STREET ADDRESS	6700 S FLORIDA AVE SUITE 11	3.3 STREET ADDRESS	6700 S. Florida Ave. Suite 11
CITY - ST - ZIP	LAKELAND FL	3.4 CITY - ST - ZIP	Lakeland, FL 33813
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE: *Angela L. Lester* **4/3/98 (941) 619-5800**

CR2E034 (10/97)