

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J73828

(2)

1. Corporation Name
LAKE MIST, INC.

Principal Place of Business

% FRANK A. EDWARDS, JR.
2901 W BUSCH BLVD STE 1000-1010
TAMPA FL 33618

Mailing Address

% FRANK A. EDWARDS, JR.
2901 W BUSCH BLVD STE 1000-1010
TAMPA FL 33618



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
05/21/1987

3a. Date of Last Report
01/20/1995

4. FEI Number
59-2815097

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

EDWARDS, FRANK A.
2901 W BUSCH BLVD
STE 1000-1010
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

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

83

STE 1010

84

City

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 title, if applicable.

(If the Registered Agent Signature is present when filing the report, the date of the signature is required.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME EDWARDS, FRANK A. JR
STREET ADDRESS 11857 NORTH TRAIL
CITY-STATE-ZIP TAMPA FL

DELETE

TITLE D
NAME EDWARDS, ROBBIE A
STREET ADDRESS 11914 LAKE MIST CR
CITY-STATE-ZIP TAMPA FL

DELETE

TITLE PSTD
NAME EDWARDS, FRANK A JR
STREET ADDRESS 11914 LAKE MIST CR
CITY-STATE-ZIP TAMPA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

Change Addition

11914 LAKE MIST CR.

Change Addition

11914 LAKE MIST CR.

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96

Date

932-5511

Day, Time Phone #

CR2E034 (12/95)