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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # K47840

LAKESHORE INVESTMENTS, INC.

(9)

## FILED Jan 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 923 LAKESHORE BLVD 923 LAKESHORE BLVD ST COULD FL 34769 ST COULD FL 34769 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/17/1988 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2975776 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Ζip Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes ☐ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCGRAW PEGGY P.O. BOX 422933 82 Street Address (P.O. Box Number is Not Acceptable) 4458 CAMPBELL ROAD 83 KISSIMMEE FL 34746 84 City Zip Code 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. DELETE Addition Change TITLE 1.1 TITLE MCGRAW, PEGGY NAME 1.2 NAME 923 LAKESHORE BLVD STREET ADDRESS 1.3 STREET ADDRESS ST COULD FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP \_\_ DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY - ST - ZIP Addition Change TITLE DELETE 6.1 TITLE NAME 6.2 NAME

6.4 CITY-ST-ZIP 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), Fiorida 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.

STREET ADDRESS

HIALPE PREGONIEM CRAU

6.3 STREET ADDRESS