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Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L02091

(1)

1. Corporation Name

LAKEHURST ENTERPRISES, INC.

Principal Place of Business

8046 PRESIDENTS DRIVE
~~44040~~
ORLANDO FL 32809
US

Mailing Address

8046 PRESIDENTS DRIVE
~~44040~~
ORLANDO FL 32809-7647
US



3. Date Incorporated or Qualified
07/13/1989

3a. Date of Last Report
01/26/1996

2. Principal Place of Business

21 8046 Presidents Dr.

Suite, Apt. #, etc.

22

City & State

23 Orlando, FL

Zip

24 32809

Country

25 USA

2a. Mailing Address

26 8046 Presidents Dr.

Suite, Apt. #, etc.

27

City & State

28 Orlando, FL

Zip

29 32809

Country

30 USA

4. FEI Number

59-3000871

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

CAPUTO, ALEXANDER J
8046 PRESIDENTS DRIVE
~~44040~~
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name Caputo, Alexander J.

82 Street Address (P.O. Box Number is Not Acceptable)
8046 Presidents Drive

83

84 City Orlando

FL

85 Zip Code 32809

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 firm, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CAPUTO, ALEXANDER J.
STREET ADDRESS 8046 PRESIDENTS DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-97

407 856-4468

CR2E034 (9/96)