

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L10289 (1)

1. Corporation Name:

TWIN LAKES INVESTMENT CORP.



Principal Place of Business

1140 LEE BLVD
SUITE 104
LEHIGH ACRES FL 33936

Mailing Address

1140 LEE BLVD
SUITE 104
LEHIGH ACRES FL 33936

3. Date Incorporated or Qualified

08/21/1989

3a. Date of Last Report

10/27/1995

4. FEI Number

65-0157831

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

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Zip

Country

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29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHATZ, MANFRED E.
BUSINESS MANAGEMENT CORP.
1140 LEE BLVD. 104
LEHIGH ACRES FL 33936

81 Name

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

83

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Manfred E. Schatz

(NOTE: Registered Agent Signature required when registering)

5-22-96

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SCHATZ, MANFRED E.
STREET ADDRESS 1140 LEE BLVD
CITY-STATE-ZIP LEHIGH ACRES FL

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1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

5. TITLE
6. NAME
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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

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

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:

Manfred E. Schatz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-96

944-369-8882

CR2E034 (12/95)