

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L11467** (2)

1. Corporation Name
LAKE SYLVIA II, INC.



Principal Place of Business: **C/O LEO P. STEINMETZ 107 E. LADY LAKE BLVD. (P.O. BOX 217) LADY LAKE FL 32159-3834**
Mailing Address: **C/O LEO P. STEINMETZ 107 E. LADY LAKE BLVD. (P.O. BOX 217) LADY LAKE FL 32159-3834**

3. Date Incorporated or Qualified: **08/25/1989**
3a. Date of Last Report: **05/31/1995**
4. FEI Number: **59-2969598**
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: 21 [] Suite, Apt #, etc. 22 [] City & State 23 [] Zip 24 [] County 25 []
2a. Mailing Address: 26 [] Suite, Apt #, etc. 27 [] City & State 28 [] Zip 29 [] County 30 []

9. Name and Address of Current Registered Agent
**STEINMETZ, LEO P.
3718 LAKE GRIFFIN RD
LADY LAKE FL 32159**

10. Name and Address of New Registered Agent
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 607.0532 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 of Person or Agent of Registered Agent) _____ (Signature of Registered Agent or Supervisor when registering) _____ DATE

12. OFFICERS AND DIRECTORS
D STEINMETZ, LEO P. 3718 LAKE GRIFFIN RD LADY LAKE FL
S STEINMETZ, NANCY P. 3718 LAKE GRIFFIN RD LADY LAKE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1-1 TITLE, 1-2 NAME, 1-3 STREET ADDRESS, 1-4 CITY-STATE-ZIP, 2-1 TITLE, 2-2 NAME, 2-3 STREET ADDRESS, 2-4 CITY-STATE-ZIP, 3-1 TITLE, 3-2 NAME, 3-3 STREET ADDRESS, 3-4 CITY-STATE-ZIP, 4-1 TITLE, 4-2 NAME, 4-3 STREET ADDRESS, 4-4 CITY-STATE-ZIP, 5-1 TITLE, 5-2 NAME, 5-3 STREET ADDRESS, 5-4 CITY-STATE-ZIP, 6-1 TITLE, 6-2 NAME, 6-3 STREET ADDRESS, 6-4 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 in an attachment with an address.

SIGNATURE: _____ (Signature of Signing Officer or Director) _____
1-22-96 352-753-9009
Date: _____ Date of Filing: _____

CR2E034 (12/95)