

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

**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90048 017 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # L11467**

1. Corporation Name  
**LAKE SYLVIA II, INC.**

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/25/1989**

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 owes the current year Intangible Personal Property Tax.  Yes  No

21. Principal Place of Business <b>108 S. Old Dixie Hwy</b>	22. Suite, Apt. #, etc.	2a. Mailing Address <b>108 S. Old Dixie Hwy</b>	2b. Suite, Apt. #, etc.
23. City & State <b>Lady Lake, FL</b>	24. Zip <b>32159</b>	25. Country <b>USA</b>	26. City & State <b>Lady Lake, FL</b>
27. Zip <b>32159</b>	28. Country <b>USA</b>	29. Zip <b>32159</b>	30. Country <b>USA</b>

9. Name and Address of Current Registered Agent <b>STEINMETZ, LEO P. 3718 LAKE GRIFFIN RD LADY LAKE FL 32159</b>	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	85 Zip Code <b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEINMETZ, LEO P.</b>	1.2 NAME	
STREET ADDRESS	<b>3718 LAKE GRIFFIN RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LADY LAKE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEINMETZ, NANCY P.</b>	2.2 NAME	
STREET ADDRESS	<b>3718 LAKE GRIFFIN RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LADY LAKE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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), 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, with all other like empowered.

SIGNATURE: Nancy Steinmetz **SIGNATURE REQUIRED** Date: **3-22-99** Daytime Phone #: **352-753-9009**

CR2E034-(11/98)