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

CORPORATION ANNUAL REPORT **1995**

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

**APPROVED AND FILED**

95 APR 27 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L77841** **(9)**

1. Corporation Name

**LAKEVIEW HOLDINGS, INC.**

900001466569
-04/27/95--01042--001
**10000.00 ****200.00

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| % ROBERT F. HUDSON, JR.<br>701 BRICKELL AVE., SUITE 1600-RFH<br>MIAMI FL 33131 | 801 BRICKELL AVE.<br>SUITE 1301<br>MIAMI FL 33131<br>US |

3. Date Incorporated or Qualified: 06/01/1990
3a. Date of Last Report: 04/29/1994

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)

4. FEI Number: 65-0201611 ☐ 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 latent, (or intangible) tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

HUDSON, ROBERT F., JR.
701 BRICKELL AVE.
SUITE 1600-RFH
MIAMI FL 33131

**10. Name and Address of New Registered Agent**

81 Name: John S. Sullivan
82 Street Address (P.O. Box Number is Not Acceptable): 801 Brickell Avenue
83 Suite 1301
84 City: Miami FL 85 Zip Code: 33131

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: _____ John S. Sullivan, Vice-Pres. 4/18/95
(Signature, name(s) (printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DP | 11 TITLE | Director/President | X Change ☐ Addition |
| NAME | HUDSON, ROBERT F., JR. | 12 NAME | John S. Sullivan | |
| STREET ADDRESS | 701 BRICKELL AVE. | 13 STREET ADDRESS | 801 Brickell Ave., #1301 | |
| CITY ST ZIP | MIAMI FL | 14 CITY ST ZIP | Miami, Florida 33131 | |
| TITLE | S | 21 TITLE | Secretary | X Change ☐ Addition |
| NAME | BARRETT, JAMES H. | 22 NAME | John S. Sullivan | |
| STREET ADDRESS | 701 BRICKELL AVE. #1600 | 23 STREET ADDRESS | 801 Brickell Ave., #1301 | |
| CITY ST ZIP | MIAMI FL | 24 CITY ST ZIP | Miami, Florida 33131 | |
| TITLE | VP | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | SULLIVAN, JOHN S | 32 NAME | | |
| STREET ADDRESS | 801 BRICKELL AVE., STE. 1301 | 33 STREET ADDRESS | | |
| CITY ST ZIP | MIAMI FL | 34 CITY ST ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY ST ZIP | | 44 CITY ST ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 CITY ST ZIP | | |

JP 4/27

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)(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:** _____ John S. Sullivan APR 1995 (305) 381-8340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0191082 CP