

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90104 046 ***150.00

DOCUMENT # L79584

1. Corporation Name

LAKE LERLA CORPORATION

Principal Place of Business

1304 VINCENT PLACE
MCLEAN VA 22101
US

Mailing Address

1901 PENNSYLVANIA AVENUE NW
SUITE 1000
WASHINGTON DC 20006
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1990

4. FEI Number

52-1689040

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 owes the current year intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1100 Connecticut Ave NW

22 City & State

27 Suite 900
28 Washington DC

23 Zip

Country

29 Zip

Country

24

25

29 20036

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or 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 DS
NAME O'CONNELL, JOHN W.
STREET ADDRESS 1901 PENNSYLVANIA AVENUE NW, #1000
CITY-ST-ZIP WASHINGTON DC

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1100 Connecticut Ave NW Suite 900
1.4 CITY-ST-ZIP Washington DC 20036

☒ Change ☐ Addition

TITLE P
NAME KATTAN, WALEED H.
STREET ADDRESS 1304 VINCENT PLACE
CITY-ST-ZIP MCLEAN VA

☐ DELETE

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

☐ Change ☐ Addition

TITLE V
NAME TABBARA, KAMEL M.
STREET ADDRESS 1304 VINCENT PLACE
CITY-ST-ZIP MCLEAN FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE V
NAME MONTOURI, WARREN K.
STREET ADDRESS 2440 VIRGINIA AVE NW
CITY-ST-ZIP WASHINGTON DC

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

John W. O'Connell 4/20/99 (202)293-7909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)