## 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** Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90014 041 \*\*\*150.00

## 

DOCUMENT #	M20027
1 Comoration Name	IVIZOUZI

LAKEVIEW SITES, INC.

Principal	Place	of	Business
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Mailing Address

1489 PALMETTO									
#300 BOCA RATON F	FI 33486	#300 BOCA RATON FL 33486				DO NOT WRI	TE IN THIS	SPACE	
US		US				3. Date incorporated or Qualifed 08/28/1985			
2. Pripcipal Pi	lace of Business	2a. Mailing Address	11	2 (1	~^	4. FEI Number			Applied For
21 1820	NE163 Street	26 10 1007	< (p	004	24	<u>59-2571150</u>			Not Applicable
Suite Apt.	#, etc. 	Suite, Apt. #, etc.	_		_	5. Certifcate of Status Desired			5 Additional Required
City & State	hian BrachFI	28 MIAMI	Bar	1.Fi		Election Campaign Financing Trust Fund Contribution			May Be ed to Fees
24 33110	2 Country A	29 33140 30	Country	<del>4</del>		This corporation owes the curr Personal Property Tax.	ent year Inta	ingible Yes	□No
	9. Name and Address of Current	Registered Agent		_		10. Name and Address of New I	Registered A	Agent	
			81	Name			•		.
	ECK, LEONARD E.		82	Street A	Addres	s (P.O. Box Number is Not Accept	ible)		
	) N.E. 163RD ST.		-	00017					
N. M	IIAMI BEACH FL		83						İ
			84	City			FL	85 Z	ip Code
				L		-Al		changing	ite registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	r Florida. Such change was author	izea by	the corpo	ration'	s board of directors. I hereby acce	of the appoir	itment as	registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if annicable (NOTE: Regis	itered Age	nt signature re	auired w	hen reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AN	D, DIREC	TORS IN 12
TITLE	DTS		1.1 TITLE			· · · · · · · · · · · · · · · · · · ·		[] Chang	ge Addition
NAME I	ZEDECK, MURRAY	1	1.2 NAME	}	Ω.	2 12232		•	•
STREET ADDRESS	1489 W PALMETTO PARK RD, 4	/300	1.3 STREE	T ADDRESS	W	1 Box 400424	<u> </u>	<b></b>	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-S	T-ZIP	7	MIAMI BEACH	1-63	331	
TITLE		☐ DELETE :	2.1 TITLE				•	Chang	ge 🗌 Addition
NAME		:	2.2 NAME	ł				•	ĺ
STREET ADDRESS			2.3 STREE	TADDRESS					
CITY- ST- ZIP		_ [	2. 4 CITY-	ST-ZIP		·′	·	_	
TITLE		☐ DELETE	3.1 TITLE		-			. 🔲 Chang	ge 🗀 Addition.
NAME			3.2 NAME			•			
STREET ADDRESS		Į.	3.3 STREE	T ADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				- <del></del>	
TITLE		☐ DELETE	4.1 TITLE	]				Chan	ge 🗌 Addition
NAME		Į.	4. 2 NAME	ĺ		•			i
STREET ADDRESS		<b>[</b> ]	4.3 STREE	TADDRESS					
CITY-ST-ZIP			4.4 CITY-5	T-ZIP					
TITLE			51 TITLE					☐ Chan	ge 🔲 Addition
NAME		1	5.2 NAME						ļ
STREET ADDRESS				TADDRESS					,
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE	!	☐ OELETE	6.1 TITLE	- 1			•	Chang	ge 🔲 Addition

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.

.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS