FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **M22205** **(2)**

1. Corporation Name

LAKEVIEW REALTY AND MANAGEMENT, INC.

Principal Place of Business

120 EAST OAKLAND PK BLVD.
SUITE 105
FT. LAUDERDALE FL 33334
US

Mailing Address

120 EAST OAKLAND PK BLVD.
STE 105
FT. LAUDERDALE FL 33334
US

3. Date Incorporated or Qualified: **10/21/1985**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2637085** [ ] 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. Does corporation owe liability for intangible tax under s. 199.032, Florida Statutes? [ ] Yes [X] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

HAAS, MITCHELL I.
7585 NORTHWEST 71ST TERRACE
PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0501, Florida Statutes, the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of the registered office and the name of the registered agent are identical to those of the corporation's business office. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of Section 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	**PT**	[ ] DELETE
NAME	**HAAS, MITCHELL I.**	
STREET ADDRESS	**7585 NORTHWEST 71ST TERRACE**	
CITY-ST-ZIP	**PARKLAND FL**	
TITLE	**VS**	[ ] DELETE
NAME	**HAAS, RITA**	
STREET ADDRESS	**7585 NORTHWEST 71ST TERRACE**	
CITY-ST-ZIP	**PARKLAND FL**	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	[ ] Change	[ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	[ ] Change	[ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE	[ ] Change	[ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information indicated on this report or supplemental 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 attached sheet, with any title or addition.

SIGNATURE: 4/4/96 954/340-3665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR