

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 22, 1999 8:00 am
Secretary of State

03-22-1999 90104 030 ***150.00

DOCUMENT # M22205

1. Corporation Name

LAKEVIEW REALTY AND MANAGEMENT, INC.



Principal Place of Business

**3300 UNIVERSITY DR #706
CORAL SPRGS FL 33065
US**

Mailing Address

**3300 UNIVERSITY DR #706
CORAL SPRGS FL 33065
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1985

2. Principal Place of Business

21 120 E. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

22 Suite 105

City & State

23 FT. LAUDERDALE, FL

Zip Country

24 33334 25 USA

2a. Mailing Address

26 120 E. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

27 Suite 105

City & State

28 FT. LAUDERDALE, FL

Zip Country

29 33334 30 USA

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. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HAAS, MITCHELL I.
6080 VERDE TRAIL SOUTH #706
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

**PT
HAAS, MITCHELL I.
6080 VERDE TRAIL SOUTH #706
BOCA RATON FL 33433**

TITLE ☐ DELETE

**VS
HAAS, RITA
6080 VERDE TRAIL SOUTH #706
BOCA RATON FL 33433**

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99 **954/340-3665**
Date Daytime Phone #

CR2E034 (11/98)

03-22-1999