

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90264 012 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M78174**

1. Corporation Name  
**LAKE HILLS UTILITIES, INC.**

**028462**



Principal Place of Business 1105 KENSINGTON PARK DR ALTAMONTE SPRINGS FL 32714 US	Mailing Address 1105 KENSINGTON PARK DR ALTAMONTE SPRINGS FL 32714 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/27/1988**

2. Principal Place of Business 21 <b>200 Weathersfield Avenue</b>	2a. Mailing Address 26 <b>2335 Sanders Road</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>Altamonte Springs, FL</b>	28 City & State <b>Northbrook, IL</b>
24 Zip <b>32714</b>	29 Zip <b>60062</b>
25 Country	30 Country

4. FEI Number  
**59-2887605**

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

**LOWNDES, JOHN F.**  
**215 NORTH EOLA DRIVE**  
**ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name <b>CT Corporation System</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. Pine Island Road</b>
83
84 City <b>Plantation</b>
85 State <b>FL</b>
86 Zip Code <b>33324</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MANDELL, LESTER N.</b>		1.2 NAME <b>Camaren, James</b>	
STREET ADDRESS <b>1105 KENSINGTON PK DR.</b>		1.3 STREET ADDRESS <b>2335 Sanders Road</b>	
CITY-ST-ZIP <b>ALTAMONTE SPGS. FL</b>		1.4 CITY-ST-ZIP <b>Northbrook, IL 60062</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LOWNDES, JOHN F.</b>		2.2 NAME <b>Dopuch, Andrew</b>	
STREET ADDRESS <b>215 NO. EOLA DR.</b>		2.3 STREET ADDRESS <b>2335 Sanders Road</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		2.4 CITY-ST-ZIP <b>Northbrook, IL 60062</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MANDELL, ROBERT A.</b>		3.2 NAME <b>Schumacher, Lawrence</b>	
STREET ADDRESS <b>1105 KENSINGTON PARK DR.</b>		3.3 STREET ADDRESS <b>2335 Sanders Road</b>	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL</b>		3.4 CITY-ST-ZIP <b>Northbrook, IL 60062</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME <b>Wenz, Carl</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>2335 Sanders Road</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>Northbrook, IL 60062</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE <b>CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Camaren, James</b>	
1.3 STREET ADDRESS <b>2335 Sanders Road</b>	
1.4 CITY-ST-ZIP <b>Northbrook, IL 60062</b>	
2.1 TITLE <b>VS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Dopuch, Andrew</b>	
2.3 STREET ADDRESS <b>2335 Sanders Road</b>	
2.4 CITY-ST-ZIP <b>Northbrook, IL 60062</b>	
3.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Schumacher, Lawrence</b>	
3.3 STREET ADDRESS <b>2335 Sanders Road</b>	
3.4 CITY-ST-ZIP <b>Northbrook, IL 60062</b>	
4.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Wenz, Carl</b>	
4.3 STREET ADDRESS <b>2335 Sanders Road</b>	
4.4 CITY-ST-ZIP <b>Northbrook, IL 60062</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE:  **Andrew Dopuch** Date: **4/26/99** Daytime Phone # \_\_\_\_\_

CR2E034 (11/98)