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 # **M79580** **(0)**

1. Corporation Name

LOST LAKE DEVELOPMENT CO.

Principal Place of Business	Mailing Address
101 N PLUMOSA ST MERRITT ISLAND FL 32954-0548 US	POST OFFICE BOX 540548 MERRITT ISLAND FL 32954-0548 US

3. Date Incorporated or Qualified: **05/05/1988**
3a. Date of Last Report: **04/14/1995**

2. Principal Place of Business	2a. Mailing Address
21	26 980 N. Federal Highway
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Boca Raton, Florida
Zip / Country 24 / 25	Zip / Country 29 33432-2704 / 30 USA

4. FEI Number: **59-2890295** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ADAMS DOROTHY E
101 N PLUMOSA ST
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name: Russell T. Kamradt
82 Street Address (P.O. Box Number is Not Acceptable): 777 S. Flagler Drive
83 Suite 900 East
84 City: West Palm Beach **FL** 85 Zip Code: 33401

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: Russell T. Kamradt *Russell T. Kamradt* 2/28/96
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	D	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	ROWE, MORRIS, A		1.2 NAME	Warren S. Orlando	
STREET ADDRESS	220 KING STREET		1.3 STREET ADDRESS	980 N. Federal Highway	
CITY-ST-ZIP	COCOA FL		1.4 CITY-ST-ZIP	Boca Raton, FL 33432-2704	
TITLE	V	☒ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	PARKER, MARY P		2.2 NAME	John Marino	
STREET ADDRESS	101 N. PLUMOSA ST		2.3 STREET ADDRESS	980 N. Federal Highway	
CITY-ST-ZIP	MERRITT ISLAND FL 32953		2.4 CITY-ST-ZIP	Boca Raton, FL 33432-2704	
TITLE	V	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	CROCKETT, BEVERLY, H		3.2 NAME	June Owens	
STREET ADDRESS	101 N PLUMOSA ST		3.3 STREET ADDRESS	101 N. Plumosa Street	
CITY-ST-ZIP	MERRITT ISLAND FL		3.4 CITY-ST-ZIP	Merritt Island, FL 32953	
TITLE	PD	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	BOWDEN, DONALD L		4.2 NAME	Dana Kilborne	
STREET ADDRESS	101 N PLUMOSA ST		4.3 STREET ADDRESS	980 N. Federal Highway	
CITY-ST-ZIP	MERRITT ISLAND FL		4.4 CITY-ST-ZIP	Boca Raton, FL 33432-2704	
TITLE	VST	☒ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME	ADAMS, DOROTHY, E		5.2 NAME	Ward Kellogg	
STREET ADDRESS	101 N PLUMOSA ST		5.3 STREET ADDRESS	980 N. Federal Highway	
CITY-ST-ZIP	MERRITT ISLAND FL		5.4 CITY-ST-ZIP	Boca Raton, FL 33432-2704	
TITLE	C	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MAXWELL, KING C		6.2 NAME		
STREET ADDRESS	1384 WALTON HEATH COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: *John Marino* John Marino (407) 392-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #