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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N04230					
1. Corporation Name LAKEVIEW INDUSTRIAL CONDOMINIUM ASSOCIATION, INC					
Principal Place of Business %PROFESSIONALLY YOURS INC 1342 SE 46TH LANE #3 CAPE CORAL FL 33904 US			Mailing Address %PROFESSIONALLY YOURS INC PO BOX 831 CAPE CORAL FL 33910 US		
2. Principal Place of Business 21 908 NE 24TH LANE Suite, Apt. #, etc. 22 City & State 23 CAPE CORAL FL Zip 24 33909 Country 25 US		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 07/17/1984 4. FEI Number 65-0136009 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent RAY, MORTON 908 N.E. 24TH LANE, UNIT 6 CAPE CORAL FL 33909-9915			10. Name and Address of New Registered Agent 81 Name OLSON, BARBARA 82 Street Address (P.O. Box Number is Not Acceptable) PROFESSIONALLY YOURS INC 83 1342 SE 46TH LANE #3 84 City CAPE CORAL FL 85 Zip Code 33904		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <i>Barbara A. Olson</i> DATE 2/18/99 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME PD STREET ADDRESS MORTON, RAY CITY-ST-ZIP 908 NE 24 LANE #6 CAPE CORAL FL 33909			1.1 TITLE VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STD STREET ADDRESS TREBING, RALF CITY-ST-ZIP 4537 DEL PRADO BLVD CAPE CORAL FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME VD STREET ADDRESS JUSTICE, FRANK CITY-ST-ZIP 4306 SE 18 AVE CAPE CORAL FL			3.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME D STREET ADDRESS RICE, KENNETH CITY-ST-ZIP PO BOX 687 "N/A" CAPE CORAL FL			4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME THOMAS, DEAN 4.3 STREET ADDRESS 8999 HIGH COTTON LANE 4.4 CITY-ST-ZIP FORT MYERS FL 33905		
TITLE <input checked="" type="checkbox"/> DELETE NAME D STREET ADDRESS NILSEN, ROLF CITY-ST-ZIP 2604 ANDALUSIA BLVD CAPE CORAL FL 33909			5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME BUBAR, DENNIS 5.3 STREET ADDRESS 4600 CUMMINS COURT 5.4 CITY-ST-ZIP FORT MYERS FL 33905		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		

SIGNATURE: *Frank* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99 941-549-9817

Date Daytime Phone #

0000292

CR2E037 (11/98)