|   | FILE NOW: FILI  | NGI  | -EE IS \$6   | 1.25  | ٦  |   |   |
|---|---|--|--|---|--|---|---|
|   |   |  |  | RTMENT OF STATE   |  |   |   |
| CORPORATION<br>ANNUAL REPORT  |   |  |  | B. Mortham<br>ary of State  | FILED  |   |   |
|   |   |  |  | CORPORATIONS  | Feb 20 1996 8:00 am  |   |   |
| OCUMENT # N28980 (3)  |   |  |  |   | Secretary of State   |   |   |
| Corporation   | LAKES ARMS, INC.  |  |  |   |  |   |   |
| 00011   |   |  |  |   |  |   |   |
| ncipal Place  | of Business   |  | iling Address  |   | F 200101051 010 13001 00110 00404 0010   | A MARA MANAT MEMUD MANYA MAN  | I <b>110</b> 11 <b>410</b> 11 1 <b>46</b> 1                       |
| 7820 NW 14T<br>IIAMI FL 3316  |   |  | '820 NW 14TH PL<br>IAMI FL 33169   |   |  |   |   |
|   |   |  |  |   | 3. Date Incorporated or Qualified<br>10/25/1988  | 3a. Date of Las<br>04/07/   | st Report<br>1995   |
| Principal Pla   | ce of Business  | 2a.<br>26                                      | Mailing Address  |   | 4. FEI Number<br>NOT APPLICABLE  | <b>!</b>  | Applied For<br>Not Applicable                                     |
| Suite, Apt. #   | ł, etc.   |  | Suite, Apt. #, etc.  |   | 5. Certificate of Status Desired   | 1 1   | 5 Additional<br>Required  |
| City & State  |   |  | City & State   | · · · · · · · · · · · · · · · · · · ·   | 6. Election Campaign Financing<br>Trust Fund Contribution  | \$5.  | 00 May Be<br>led to Fees  |
| Zip   | Country   |  | Zip  | Country   | 8. This corporation has liability for  |   |   |
|   | 25<br>9. Name and Address of Curren   | 29<br>nt Regist                                | ered Agent   | 30  | 10. Name and Address of New I  |   |   |
| MCCOLL  | in, reuben  |  |  | 81 Name   | ress (P.O. Box Number is Not Acceptal  | ble)  |   |
|   | N 165 TERRACE   |  |  | 82 Street Add   | ress (P.O. Box number is not acceptat  |   |   |
| Miami Fl  | . 33157   |  |  | 83  |  |   |   |
|   |   |  |  |   |  |   |   |
| . Pursuant to   | o the provisions of Sections 617.050<br>ed agent, or both, in the State of Flor<br>h and accent the of villagitions of Sec  | 12 and 611<br>rida. Such                       | 7.1508, Florida Statul<br>change was authoriz  | 84 City<br>es, the above-named corpored by the corporation's boa  | ration submits this statement for the purify a coupt the approximation of directors. I hereby accept the approximation of the approxima |   | Zip Code<br>s registered offic<br>ed agent. I am                  |
| or registere<br>familiar wit  | ed agent, or both, in the State of Flor<br>h, and accept the obligations of, Sec<br>Signature, typed or printed name of registered agen   | rida. Such<br>ction 617.(<br>nt and tille if a | i change was authoriz<br>0503, Florida Statutes<br>appicable (NC   | es, the above named corpo<br>ed by the corporation's boa  | ard of directors. I nereby accept the app  | FL  <br>Irpose of changing its<br>pointment as registered<br>DATE   | s registered offic<br>ad agent. I am                              |
| or register<br>familiar wit   | ed agent, or both, in the State of Flor<br>h, and accept the obligations of, Sec<br>Sgnature, typed or privad name of registered ager<br>OFFICERS AN  | rida. Such<br>ction 617.(<br>nt and tille if a | i change was authoriz<br>0503, Florida Statutes<br>appicable (NC   | es, the above-named corpored by the corporation's boa   | ro or directors. Thereby accept the app  | FL  <br>Irpose of changing its<br>pointment as registered<br>DATE   | s registered officed agent. I am                                  |
| or register<br>familiar wit<br>GNATURE<br>F   | ed agent, or both, in the State of Flor<br>th, and accept the obligations of, Sec<br>Sgnature, typed or prived name of registered ager<br>OFFICERS AN<br>PD<br>PINDAR, LELIA  | rida. Such<br>ction 617.(<br>nt and tille if a | r change was authoriz<br>0503, Florida Statutes<br>mpicable (NC  | es, the above-named corpored by the corporation's boat.<br>TE: Rugistered Agent signature require<br>13.<br>1.1 TIFLE<br>1.2 NAME   | ard of directors. I nereby accept the app  | PL<br>prose of changing its<br>pointment as registered<br>DATE<br>FICERS AND DIREC  | s registered officed agent. I am                                  |
| or registere<br>familiar wit<br>SNATURE<br>F<br>F<br>EET ADORESS  | ed agent, or both, in the State of Flor<br>th, and accept the obligations of, Sec<br>Signature, typed or privad name of registered ager<br>OFFICERS AN<br>PD<br>PINDAR, LELIA<br>17820 NW 14TH PLACE  | rida. Such<br>ction 617.(<br>nt and tille if a | r change was authoriz<br>0503, Florida Statutes<br>mpicable (NC  | es, the above-named corpored by the corporation's boat.<br>DTE: Bugstered Agent signature require<br>13.<br>1.1 TIFLE<br>1.2 NAME<br>1.3 STREET ADDRESS   | ard of directors. I nereby accept the app  | PL<br>prose of changing its<br>pointment as registered<br>DATE<br>FICERS AND DIREC  | s registered officed agent. I am                                  |
| or register<br>familiar wit<br>NATURE<br>NATURE<br>E<br>E<br>E<br>E<br>E<br>ADORESS<br>(- S1-ZIP  | ed agent, or both, in the State of Flor<br>th, and accept the obligations of, Sec<br>Signature, typed or privad name of registered ager<br>OFFICERS AN<br>PINDAR, LELIA<br>17820 NW 14TH PLACE<br>MIAMI FL<br>D   | rida. Such<br>ction 617.(<br>nt and tille if a | r change was authoriz<br>0503, Florida Statutes<br>mpicable (MC  | es, the above-named corpored by the corporation's boat.<br>TE: Rugistered Agent signature require<br>13.<br>1.1 TIFLE<br>1.2 NAME   | ard of directors. I nereby accept the app  | PL<br>prose of changing its<br>pointment as registered<br>DATE<br>FICERS AND DIREC  | s registered offic<br>ad agent. I am<br>TORS IN 12<br>e Addition  |
| or register<br>familiar wit<br>INATURE _<br>E<br>E<br>E<br>E<br>E<br>ADORESS<br>f<br>S1-ZIP<br>E  | ed agent, or both, in the State of Flor<br>th, and accept the obligations of, Sec<br>Signature, typed or privad name of registered ager<br>OFFICERS AN<br>PINDAR, LELIA<br>17820 NW 14TH PLACE<br>MIAMI FL<br>D<br>NELSON, EUDORA   | rida. Such<br>ction 617.(<br>nt and tille if a | I change was authoriz<br>20503, Florida Statutes<br>Inpecable (NC<br>TORS  | es, the above-named corpored by the corporation's boards.<br>DTE: Registered Agent signature require<br>13.<br>1.1 TIFLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TIFLE<br>2.2 NAME  | ard of directors. I nereby accept the app  | PL Internet as registered   | s registered offic<br>ad agent. I am<br>TORS IN 12<br>e Addition  |
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