

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

FILED

Apr 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P38928 (8)**  
 1. Corporation Name:  
**LAKESHORE LAND COMPANY**

Principal Place of Business <b>P.O. BOX 4010          EAST LANSING MI 48826</b>	Mailing Address <b>P.O. BOX 4010          EAST LANSING MI 48826-4010</b>
--	---



<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		<b>3. Date Incorporated or Qualified</b> <b>05/22/1992</b>	<b>3a. Date of Last Report</b> <b>03/19/1996</b>
		<b>4. FEI Number</b> <b>38-1778862</b>		Applied For <input type="checkbox"/> Not Applicable	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> <b>THE PRENTICE-HALL CORPORATION SYSTEM INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOOTE, KENNETH J.	1.2 NAME	
STREET ADDRESS	241 E. SAGINAW, #500	1.3 STREET ADDRESS	
CITY-ST-ZIP	EAST LANSING MI	1.4 CITY-ST-ZIP	48823
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOOTE, FREDERICK C.	2.2 NAME	Also Director
STREET ADDRESS	241 E. SAGINAW, #500	2.3 STREET ADDRESS	
CITY-ST-ZIP	EAST LANSING MI	2.4 CITY-ST-ZIP	48823
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELLMAN, TRACEY D.	3.2 NAME	
STREET ADDRESS	241 E. SAGINAW, #500	3.3 STREET ADDRESS	
CITY-ST-ZIP	EAST LANSING MI	3.4 CITY-ST-ZIP	48823
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOOTE, DAVE R	4.2 NAME	
STREET ADDRESS	241 E. SAGINAW #500	4.3 STREET ADDRESS	
CITY-ST-ZIP	EAST LANSING MI	4.4 CITY-ST-ZIP	48823
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WERTH, DAVID C.	5.2 NAME	
STREET ADDRESS	241 E SAGINAW #500	5.3 STREET ADDRESS	
CITY-ST-ZIP	EAST LANSING MI	5.4 CITY-ST-ZIP	48823
TITLE	TREASURER, SEC.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMY A. KACZMARCZYK	6.2 NAME	
STREET ADDRESS	241 E. SAGINAW #500	6.3 STREET ADDRESS	
CITY-ST-ZIP	EAST LANSING, MI 48823	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Amy A. Kaczmarczyk Amy A. Kaczmarczyk 4/3/97 517-336-7617  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)