

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 # **P92000001828 (2)**

1. Corporation Name

**LAKEFLO, INC.**



Principal Place of Business

**10830 HWY 44 EAST  
LEESBURG FL 34784**

Mailing Address

**10830 HWY 44 EAST  
LEESBURG FL 34784**

2. Principal Place of Business		2a. Mailing Address	
21	<b>10830 East Highway 44</b>	26	<b>10830 East Highway 44</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	<b>Eustis, Florida</b>	28	<b>Eustis, Florida</b>
Zip	Country	Zip	Country
24	<b>32726</b>	29	<b>32726</b>
	<b>Lake</b>	30	<b>Lake</b>

3. Date Incorporated or Qualified <b>10/29/1992</b>	3a. Date of Last Report <b>04/03/1995</b>
4. FEI Number <b>57-0963912</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MAROLIA, JANAK S  
3800 HIGHWAY WEST 441  
MOUNT DORA FL 32757**

10. Name and Address of New Registered Agent

81	Name <b>Vinod A. Patel</b>
82	Street Address (P.O. Box Number is Not Acceptable) <b>10830 East Highway 44</b>
83	
84	City <b>Eustis,</b>
	<b>FL</b>
85	Zip Code <b>32726</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 x **Vinod. A. Patel**

(NOTE: Registered Agent signature required when reinstating)

DATE **5/7/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Director &amp; VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAROLIA, JANAK S</b>	1.2 NAME	<b>Vinod A. Patel</b>
STREET ADDRESS	<b>2701 REGAL POINT PL.</b>	1.3 STREET ADDRESS	<b>10830 East Highway 44</b>
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	1.4 CITY-ST-ZIP	<b>Eustis, FL 32726</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Director &amp; P/S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAROLIA, MAHESH</b>	2.2 NAME	<b>Bindu V. Patel</b>
STREET ADDRESS	<b>1218 NORTHEAST 12TH STREET</b>	2.3 STREET ADDRESS	<b>10830 East Highway 44</b>
CITY-ST-ZIP	<b>OCALA FL 32670</b>	2.4 CITY-ST-ZIP	<b>Eustis, FL 32726</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESAI, ASHISH S</b>	3.2 NAME	
STREET ADDRESS	<b>3800 HIGHWAY WEST S-441</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MOUNT DORA FL 32757</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	

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)(k), 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: x **Vinod. A. Patel**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **5/7/96**  
Daytime Phone #

CR2E034 (12/95)