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STORETARY OF STATE TAULAHASSEE, FLORIDA

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PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P92000008840**

LAKE MONROE ASSOCIATES OF CENTRAL FLORIDA, INC.

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Principal Place	of Discipance	Mailing Address			I INDIILEAL IIN INII HEAR MEAR MAALI NEIKA AARE	88 18 18 18 18 18 18 18
1		2211 AZALEA PLACE	-			
2211 AZALEA PLACE WINTER PARK FL 32789		WINTER PARK FL 32789				
				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
		1 2" .1"			12/03/1992	
2. Principal Place of Business 2a. Mailing Address					4. FET Number 59-3160153	Applied For Not Applicable
Suite, Apt.	# ptc	Suite, Apt. #, etc		39 3 100 133	\$8.75 Additional	
22	w, 616.	27			5. Certificate of Status Desired []	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year to	tangible
24	25	[29]	0		Personal Property Tax	¥Yes []No
	9. Name and Address of Current	Registered Agent		ما ي	10. Name and Address of New Registered	Agent
WILL	NED DAVID M		8	1 Name		
WILLNER, DAVID M 1792 LAKE BERRY DRIVE			82 Str€	2 Street Ad	dress (P.O. Box Number is Not Acceptable)	**
	TER PARK FL 32789		- -	+		
*****	IEM FAMA FE OZ703		8:	3		
			84	4 City	- 1	85 Zip Code
	007.0500	== 1 COV 4500 Final On Charleton	. the abo	 	rporation submits this statement for the purpose o	Figuracian ite registered
office or re	egistered agent, or both, in the State o	f Florida. Such change was auti	horized b	y the corpora	thon's board of directors. Thereby accept the appo	intment as registered
agent I a	m familiar with, and accept the obligati	ans of, Section 607.0505, Florid	ia Statute	S		
SIGNATURE	Signature, typed or printed name of registered agent	and little if autobrable (NOTE B	agislered Age	of squata e toga	e-Ewhen reast drops DATE	
12.	OFFICERS AND		13.	,	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	[] DELETE	11 TITLE		400002820	TACIONAL TIMOTO
NAME	WILLNER, STUART N		1.2 NAME		-03/26/99	01104011
STREET ADDRESS	1117 RUSSELL DRIVE		13 STREE	ET ADDRESS	****300.00	****150.00
CITY-ST-ZIP	HIGHLAND BEACH FL 33487		14 O(TY-	\$1-70		_;
TITLE	D	[] DELETE	2.1 TITLE			[Change [] Addition
NAME	SCHMIDT, RALPH M		2.2 NAME			
STREET ADDRESS	2211 AZALEA PLACE		2 3 5 TRE	ET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		2 4 CITY	ST-ZIP		[]Change []Addition
TITLE		[] DELETE	3 1 T/TLE	1		[] Change [] Addition
NAME			3 2 NAME	: 1		
STREET ADDRESS				ET ADORESS		
CITY-ST-ZIP TITLE		[] DELETE	34 CITY-	\$1-20		[]Change []Addition
NAME		F. It marries are	4 2 NAME			***
STREET ADDRESS				LI ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		[DELETE	51 TITLE			[Change
NAME			5 2 NAME			
STREET ADDRESS			53 STREE	FT ADDRESS		
CiTY-\$T-ZiP			5.4 CHTY-	\$1-210		
TITLE:		[DELETE	61 TiTLE	·····		[]Change []Add:ton
NAME			6.2 NAME	-		
STREET ADDRESS			63 STREE	ET ADDRESS		
CITY-ST-ZIP			6.4 C/1Y-	1		α
44 I hereby o	ertify that the information supplied with	this film does not qualify for the	he exemp	tion stated in	i Section 119.07(3)(i) Florida Statutes I further ce	ridy that the information

Indicated on this annual report or supplied with this tiling does not quality for the exemption state in Section 175.07,97, Fiducial Statutes. Indicate the information supplied with this tiling does not quality for the exemption state of the same legal effect as if made under oath; that I am an officer or director of the corporation eight effective 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

1-12-99