FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996 DIVISION O					DNS			
DOCUN 1. Corporation	MENT # P93	3000035	251 (6)		**********			
LAKE	FRONT INVESTMENT	CO.							
							1 1 8 8 11 8 8 11 18 18 18 18 18 18 18 18 18 18 18 18	110 20 01 2011 411	
Principal Place of Business Ma			dress					******	11 A1418 61881 B4684 (181 1841
50 NORHT 3400 JACKSONV	3400	50 NORTH LAURA STREET 3400 JACKSONVILLE FL 32202							
US		US				 Date Incorporated or Qualified 05/17/1993 	3a. Date of 03	Last Report /15/1995	
2. Principal Pla	ace of Business	2a. Mailing	Address				4. FEI Number		Applied For
21		26					59-3182679		Not Applicable
Suite, Apt. #	#, etc.	Suite, .	Apt. #, etc.				5. Certificate of Status Desired		8.75 Additional Fee Required
City & State		City &	State				6. Election Campaign Financing	f	\$5.00 May Be
23	Country	28					Trust Fund Contribution		Added to Fees
Zip 24	29	Zip Country 30			·/	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
	9. Name and Address of C	orrent Registered A	gent				10. Name and Address of New F	Registered Age	ent
					81	Name			
RAX C					82	Street Addr	ress (P.O. Box Number is Not Acceptate	ole)	
	PRTH LAURA STREET				83				
SUITE	SONMILLE FL 32202				63				
JAUNS	SUNVILLE PL 32202				84	City		- 1 6	5 Zip Code
11. Pursuant to	a the provisions of Sections 607	0502 and 607 1508	Elorida Statuti	es the abo	1.99	amed corner	ation submits this statement for the out	rocco of changi	no its registered office
or registere	ed agent, or both, in the State of	f Horida, Such change	was authoriz	ed by the c	orpo	pration's boar	ation submits this statement for the purid of directors. I hereby accept the app	ointment as reg	istered agent. Lam
	in and accept the obligations of	, Section 607.0505, Fi	บานส อเสเบเยร	•					
SIGNATURE	Signature, typed or printed name of registore	coagent and tills if applicable	(NC	TL Registered	Agent	t signature required	d which reinstating)	DATE	
12.	F	IS AND DIFIECTORS		13.			ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTORS IN 12
TITLE	DP		DELETE	1. 1 TI	TLE				hange 🔲 Addition
NAME	TOUB, RICHARD N		1.2 NA		ME				
STREET ADDRESS	50 N LAURA STREET,	SUITE 3400		1.3 ST	REET.	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		T DELETE	1.4 Ci		r-ZiP			
TITLE	DVT	L]] DELETE	2 1 7!					nange [] Addition
NAME	VAGHADIA, VINOD	CHITE A4AA		2 2 NA					
STREET ADDRESS	50 N LAURA STREET, JACKSONVILLE FL	, SUITE 3400				ADDRESS			
CITY-ST-ZIP TITLE	S S] DELETE	2.4 CH		I - ZIP		F 1 0	hanna 🔲 Addition
NAME	LAPWOOD, CAROL	L	"I OFFICIA	3.1 TI 3.2 NA					hange 🔲 Addition
STREET ADDRESS	50 N LAURA STREET,	SHITE 3400		1		ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	CONE OTO		3.5 01					
TITLE	Trend the second	Γ	DELETE	4.11		411			hange Addition
NAME				4.2 NA				U *	. J
STREET ADDRESS				1		ADDRESS			
CITY-ST-ZIP				4.4 CI					
TITLE] DELETE	5 1 10					hange Addition
NAME				5 2 NA	ME			_	
STREET ADDRESS		•		5.3 \$1	REET	ADDRESS			

CITY-ST-ZIP 64 CITY-ST-ZIP 14. To hereby certify that the information supplied with this fling 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 an an attachment with an address.

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6 1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. VAGENADADA — NACE PLACEDOR

APRIL as 1996

(407) 644-7511

Change Addition

Daytime Phone #