

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90014 025 ***150.00

DOCUMENT # P93000036758

1. Corporation Name

LAKE HARRIS PROPERTIES, INC.

Principal Place of Business

141 N US HWY 27
C/O FLORIDA CITRUS TOWER
CLERMONT FL 34711
US

Mailing Address

P O BOX 120861
141 N. U.S. HIGHWAY 27
CLERMONT FL 34712
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1993

4. FEI Number

59-3186049

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 9700 S. Dixie Hwy

2a. Mailing Address

26 P.O. Box 6298

Suite, Apt. #, etc.

22 Ste 1030

Suite, Apt. #, etc.

27

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33156

Country

25 USA

Zip

29 33256-6298

Country

30 USA

9. Name and Address of Current Registered Agent

SAMOLE, MYRON M
9700 S DIXIE HWY
SUITE 1030
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

SAMOLE, MYRON M

9700 S DIXIE HWY SUITE 1030

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

HARTE, SAMUEL

7251 SW 129TH ST

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

LEWIS, JOHN M

9400 S DADELAND BLVD

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

KRASNOW, HERSHEL

1111 KANE CONCOURSE

BAY HARBOR ISLAND FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ DELETE

☒ DELETE

☐ DELETE

☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

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14. I 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, with all other like empowered.

SIGNATURE:

MYRON M. SAMOLE
PRES.

4/29/99

305-670-5070

Date

Daytime Phone #

CR2E034 (1/98)

0508400