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FILED
May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000040222 (0)

1. Corporation Name

LOWELL AT LAKE CHARLESTON, INC.

Principal Place of Business

% S. L. KAHN, III
1451 S. MIAMI AVE.
MIAMI FL 33130

Mailing Address

% S. L. KAHN, III
1451 S. MIAMI AVE.
MIAMI FL 33130-4316

3. Date Incorporated or Qualified

06/01/1993

3a. Date of Last Report

04/30/1996

4. FEI Number

65-0418074

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 80TH SOUTHWEST 8TH ST
Suite, Apt. #, etc.

26 80TH SOUTHWEST 8TH ST
Suite, Apt. #, etc.

22 1870

27 1870

23 MIAMI FL

28 MIAMI FL

24 33130

29 33130

25

30

9. Name and Address of Current Registered Agent

KAHN, S. LAWRENCE III
1451 S. MIAMI AVE.
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

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

80TH SOUTHWEST 8TH STREET

83 SUITE 1870

84 MIAMI

FL

85 Zip Code

33130

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]

(NOTE: Registered Agent signature required when reinstating)

4/30/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DPS	KAHN, S. LAWRENCE III	1451 S. MIAMI AVE.	MIAMI FL 33130	<input type="checkbox"/>
DPS	KAHN, S. LAWRENCE III	1451 S. MIAMI AVE.	MIAMI FL 33130	<input checked="" type="checkbox"/>
DPS	KAHN, S. LAWRENCE III	1451 S. MIAMI AVE.	MIAMI FL 33130	<input type="checkbox"/>
DPS	KAHN, S. LAWRENCE III	1451 S. MIAMI AVE.	MIAMI FL 33130	<input type="checkbox"/>
DPS	KAHN, S. LAWRENCE III	1451 S. MIAMI AVE.	MIAMI FL 33130	<input type="checkbox"/>
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DPS	KAHN, S. LAWRENCE III	1451 S. MIAMI AVE.	MIAMI FL 33130	<input type="checkbox"/>
DPS	KAHN, S. LAWRENCE III	1451 S. MIAMI AVE.	MIAMI FL 33130	<input type="checkbox"/>
DPS	KAHN, S. LAWRENCE III	1451 S. MIAMI AVE.	MIAMI FL 33130	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
DPS	KAHN, S. LAWRENCE III	80TH SOUTHWEST 8TH STREET STE 1870	MIAMI FL 33130	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VST	ALAN HEARNE	80TH SOUTHWEST 8TH STREET STE 1870	MIAMI FL 33130	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VST	ALAN HEARNE	80TH SOUTHWEST 8TH STREET STE 1870	MIAMI FL 33130	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VST	ALAN HEARNE	80TH SOUTHWEST 8TH STREET STE 1870	MIAMI FL 33130	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VST	ALAN HEARNE	80TH SOUTHWEST 8TH STREET STE 1870	MIAMI FL 33130	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VST	ALAN HEARNE	80TH SOUTHWEST 8TH STREET STE 1870	MIAMI FL 33130	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VST	ALAN HEARNE	80TH SOUTHWEST 8TH STREET STE 1870	MIAMI FL 33130	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VST	ALAN HEARNE	80TH SOUTHWEST 8TH STREET STE 1870	MIAMI FL 33130	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VST	ALAN HEARNE	80TH SOUTHWEST 8TH STREET STE 1870	MIAMI FL 33130	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VST	ALAN HEARNE	80TH SOUTHWEST 8TH STREET STE 1870	MIAMI FL 33130	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 (305)577-8550
Date Daytime Phone #

CR2ED34 (9/96)