

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000061120 (0)

1. Corporation Name

LAKE POINTE ASSOCIATES, INC.



Principal Place of Business

300 GRECO AVENUE
CORAL GABLES FL 33146

Mailing Address

300 GRECO AVENUE
CORAL GABLES FL 33146

3. Date Incorporated or Qualified

08/18/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FCI Number

65-0430800

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALMER, PAUL
1550 MADRUGA AVE.
SUITE 240
CORAL GABLES FL 33146

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 607.1504, 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 of Registered Agent (Print Name of Agent and Date)

Signature of Registered Agent (Print Name of Agent and Date)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
EASTON, EDWARD
300 GRECO AVE.
CORAL GABLES FL 33146

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BABCOCK, CALVIN
300 GRECO AVE.
CORAL GABLES FL 33146

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BELL, J. ED
300 GRECO AVE.
CORAL GABLES FL 33146

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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***200.00

pm 5-1-96

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward W. Easton Director

(305) 448-9999

CR2E034 (12/95)