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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000082169 (2)

LAKESHORE PROPERTIES, INC.

Principal Place of Business Mailing Address

FILED May 01 1998 8:00am Secretary of State



1300 \$ LAKE HOWARD DRIVE SUITE 100 WINTER HAVEN FL 33880		1300 S LAKE HOWARD DE SUITE 100 WINTER HAVEN FL 33890			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/01/1993		
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		
21		26	· • · · · · · · · · · · · · · · · · · ·		- VO VEEVU		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		5, Certificate of Status Desired	S8.75 Additional Fee Required	
Cky & State	e	City & State	├ '		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution		
Zip **	Country 25	Zip	Country 30	/	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent			30]	10. Name and Address of New Registered Agent			
				81 Name			
1300 \$. LAKE HOWARD DRIVE			90	82 Street Address (P.O. Box Number is Not Acceptable)			
SUTIE 100			02	Street A	ddress (P.O. Box Number is Not Acceptable)		
WIN		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 regularity of printed tale if applicable (NOTE: Registered				ent signature re	equired when reinstating) DATE		<u>.</u>
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 TITLE			Change	Addition 3
NAME	S TAMPER, S D		12 NAME	1			
STREET ADDRESS 1300 S LAKE HOWARD DR #100			13 STREET ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL 33880	T priest	14 CITY - S	ST-ZIP			}
TITLE	₹.		2 1 1ITLE			Change	Addition C
NAME	STAMPER, J L						
STREET ADDRESS	1300 S LAKE HOWARD DR	#100	2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	WINTER HAVEN FL 33880	DELETE	2 4 CITY-	ST-ZIP		Change	☐ Addition
NAME			3.2 NAME			ondingo	
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY -	ŀ			
TITLE		DELETE	4.1 TITLE	v. E11	, - 1, - 1, - 1, - 1, - 1, - 1, - 1, -	Change	Addition
NAME			4. 2 NAME			-	
STREET ADDRESS			4.3 STREET	ADDRESS	,		
CITY-ST-ZIP			4.4 CITY - 9	T-ZIP			ŀ
YITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME			Y	SI
STREET ADDRESS			5.3 STREET	ADDRESS			7
CITY-ST-ZIP			5.4 CITY - S	7 - ZIP	····		
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME		60000250799 -05/01/980107500	1	
STREET ADDRESS			6.3 STREET	ADDRESS	-02/01/30010/200	1	
CITY-ST-ZIP			64 CITY-S	T-ZIP	***150.00		

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 eath; 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.

4/20/04