FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000010780 (2)**

1. Corporation Name
D R LAKES, INC.

Principal Place of Business	Mailing Address
1800 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401	1800 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/09/1994
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: APPLIED FOR 65-0466900 ☐ 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

SPITZ, FRED
3130 N. 52ND ST.
HOLLYWOOD FL 33021

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	DELLA RATTA, JOSEPH M	1.2 NAME		
STREET ADDRESS	RT. 97	1.3 STREET ADDRESS		
CITY-ST-ZIP	GLENWOOD MD	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	SPITZ, FRED M	2.2 NAME		
STREET ADDRESS	3130 N. 52ND ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP		
TITLE	ST	3.1 TITLE	V	☒ Change ☐ Addition
NAME	BAXTER, ROBERT R	3.2 NAME	Della Ratta, James J.	
STREET ADDRESS	12406 SILVERBIRCH LANE	3.3 STREET ADDRESS	7061 Copperwood Way	
CITY-ST-ZIP	LAURAL MD	3.4 CITY-ST-ZIP	Columbia, MD 21046	
TITLE		4.1 TITLE	S	☐ Change ☒ Addition
NAME		4.2 NAME	Della Ratta, J. Raphael	
STREET ADDRESS		4.3 STREET ADDRESS	1800 Palm Beach LAkes Blvd	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		5.1 TITLE	T	☐ Change ☒ Addition
NAME		5.2 NAME	Della Ratta, Jennifer	
STREET ADDRESS		5.3 STREET ADDRESS	1425 South Eada St. Apt. 1205	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Arlington, VA 22202	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: Joseph M. Della Ratta 04/11/95 (301)649-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Joseph M. Della Ratta

QB45943 CP