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FILED  
Feb 10 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 # P94000010780 (2)**

1. Corporation Name  
**D R LAKES, INC.**

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

Mailing Address  
**1800 PALM BEACH LAKES BLVD.  
WEST PALM BEACH FL 33401-2002**



3. Date Incorporated or Qualified **02/09/1994** 3a. Date of Last Report **03/29/1996**

|                                |  |                        |  |  |  |  |  |
|--------------------------------|--|------------------------|--|--|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 4. FEI Number<br><b>65-0466900</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required                         |  |
| 22 City & State                |  | 27 City & State        |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   |  | \$5.00 May Be Added to Fees                            |  |
| 23 Zip Country                 |  | 28 Zip Country         |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
| 24 Zip Country                 |  | 29 Zip Country         |  | 30 Zip Country   |  |  |  |

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

Signature, typed or printed name of registered agent and date of application.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------------|---|---|
| TITLE                      | <b>PD</b>                             | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DELLA RATTA, JOSEPH M</b>          | 1.2 NAME  |   |
| STREET ADDRESS             | <b>18385 SE VILLAGE CIRCLE</b>        | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>TEQUESTA FL</b>                    | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>V</b>                              | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SPITZ, FRED M</b>                  | 2.2 NAME  |   |
| STREET ADDRESS             | <b>3130 N. 52ND ST.</b>               | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>HOLLYWOOD FL 33021</b>             | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>V</b>                              | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DELLA RATTA, JAMES J.</b>          | 3.2 NAME  |   |
| STREET ADDRESS             | <b>7061 COPPERWOOD WAY</b>            | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>COLUMBIA MD</b>                    | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>S</b>                              | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DELLA RATTA, J RAPHAEL</b>         | 4.2 NAME  |   |
| STREET ADDRESS             | <b>RT 91</b>                          | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>GLENWOOD MD</b>                    | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>T</b>                              | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DELLA RATTA, JENNIFER</b>          | 5.2 NAME  |   |
| STREET ADDRESS             | <b>715 SO WASHINGTON STREET #12-A</b> | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ALEXANDRIA VA</b>                  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>S</b>                              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WOOD, MICHAEL E</b>                | 6.2 NAME  |   |
| STREET ADDRESS             | <b>1800 PALM BEACH LAKES BLVD</b>     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>WEST PALM BEACH FL</b>             | 6.4 CITY-ST-ZIP                                       |   |

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

*Fred M. Spitz*

**Fred M. Spitz, Vice President**

**561/683-8810**

CR2E034 (9/96)