

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

FILED

Jan 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/09/1994**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>65-0466900</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>SPITZ, FRED 3130 N. 52ND ST. HOLLYWOOD FL 33021</b>	10. Name and Address of New Registered Agent 81 Name <b>WOOD, MICHAEL</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1800 PALM BEACH LAKES BLVD.</b> 83 84 City <b>WEST PALM BEACH</b> <b>FL</b> 85 Zip Code <b>33401</b>
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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 Michael Wood **Michael Wood, Vice Pres/Secretary** **1/6/98**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	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	V <input checked="" type="checkbox"/> DELETE	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	V <input type="checkbox"/> DELETE	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	S <input type="checkbox"/> DELETE	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	T <input type="checkbox"/> DELETE	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	S <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOOD, MICHAEL E</b>	6.2 NAME	<b>V/S</b>
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 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: Michael Wood **Michael Wood** **1/6/98** **(561) 683-8810**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0306258

CR2E034 (10/97)