

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90061 040 \*\*\*150.00

**DOCUMENT # P94000010780**

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**

4. FEI Number

**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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**SPITZ, FRED  
1800 APLM BEACH LAKES BLVD  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

**WOOD, MICHAEL**

82 Street Address (P.O. Box Number is Not Acceptable)

**1800 PALM BEACH LAKES BLVD.**

83

84 City

**WEST PALM BEACH.**

**FL**

85 Zip Code  
**33401**

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 title if applicable.

**Michael Wood**

**3/26/99**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **DELLA RATTA, JOSEPH M**  
STREET ADDRESS **18385 SE VILLAGE CIRCLE**  
CITY-ST-ZIP **TEQUESTA FL**

TITLE **V** ☐ DELETE  
NAME **DELLA RATTA, JAMES J.**  
STREET ADDRESS **7081 COPPERWOOD WAY**  
CITY-ST-ZIP **COLUMBIA MD**

TITLE **S** ☐ DELETE  
NAME **DELLA RATTA, J RAPHAEL**  
STREET ADDRESS **RT 91**  
CITY-ST-ZIP **GLENWOOD MD**

TITLE **T** ☐ DELETE  
NAME **DELLA RATTA, JENNIFER**  
STREET ADDRESS **715 SO WASHINGTON STREET #12-A**  
CITY-ST-ZIP **ALEXANDRIA VA**

TITLE **VS** ☐ DELETE  
NAME **WOOD, MICHAEL E**  
STREET ADDRESS **1800 PALM BEACH LAKES BLVD**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **REDMOND, JENNIFER DELLA RAITA**  
4.3 STREET ADDRESS **2257 NO. VERNON STREET**  
4.4 CITY-ST-ZIP **ARLINGTON, VA 22207**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED Michael Wood**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/99**

Date

**(561) 683-8810**

Daytime Phone #

CR2E034 (1/98)

0319681