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

Mailing Address

857 OVERSPIN DR

WINTER PARK FL 32789-3357

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:

657 OVERSPIN DR WINTER PARK FL 32789



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000036742 (2)

LAKE SILVER SCHOOL OF REAL ESTATE, INC.

3a. Date of Last Report 3. Date Incorporated or Qualified 05/16/1994 03/18/1996 2. Principal Prace of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3245754 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KWASTEL, BERNARD 657 ÖVERSPIN DR **B2** Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 83 84 City 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, typied or printed name of registered agent and title if applicable (NOTE Registered Agent a gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE Title 1.5 TITLE KWASTEL, LINDA M NAME 1.2 NAME 657 OVERSPIN DR 1.3 STREET ADDRESS STREET ADORESS WINTER PARK FL 32789 CH1Y-S1-20F 1.4 CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE THE KWASTEL, BERNARD NAME 2.2 NAME 657 OVERSPIN DR 2.3 STREET ADDRESS STREET ADORESS WINTER PARK FL 32789 2. 4 CITY - ST - ZIP CITY-ST-7:P DELETE 3.1 TITLE Change Addition ROTH. ROBERT H 3 2 NAME NAME P O BOX 976 N/A 3.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32802 CITY - ST - ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAMI 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - \$1 - 7/P 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAMS 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP C+FY - S1 - 7)F DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 CITY-ST-ZIP 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

FILED Apr 14 1997 8:00am Secretary of State



(96/6)