	orania de la composición della	PI PASE READ A	 ALL INST	RUCTIONS	BEFORE (OMPLETI	ING THIS FORM.	larg.
REI	PA	MENT 6	FLORID	A DEPARTMEI Sandra B. Mor Secretary of S VISION OF CORPOR	NT OF STATE tham State		APPROVED AND AND	MO
DOCUMENT # P94000055118						98 DEC -4 PM 3: 44		
1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA		
LAKEFRONT MOTEL, INC.						,	FILLE PROJULTY & LUCK	
Principal Place of Business Ma				Mailing Address				
21716 US HWY 27 LEESBURG FL 34748			21716 US HWY 27 LEESBURG FL 34748					
If above addresses are incorrect in any way, line through incorrect information								
New Principal Office Address, If Applicable				ng Office Address, If	Applicable	Date Incorporated or Qualified To Do Business in Florida 07/22/1994		
Suite, Apt. #, etc. City & State			Suite, Apt. #,	etc.	D120-	5. FEI Number		Applied For
Zip Country		Zip Coun		у	6.	\$8.7	Not Applicable 75 Additional Fee required	
7 Names :	and Street Ad	Idresses of Each Officer and/o	or Director, (Flo	rida nonprofit comora	ations must list at les	<u></u>	E OF STATUS DESIRED	or a Certificate of Status
Title(s) Name of Officers and/or Directors			N CHOOLO (1 10		eet Address of Each ficer and/or Director e Post Office Box N		City / Stz	ate / Zip
P	TURNER, SHERRILL B		21726 US HWY				LEESBURG FL 34748	
							400	
					4000027078043			
							-12/09/980 ****150.00	****150.00
8. Name and Address of Current Registered Agent Name						9. Name and A	Address of New Registered A	igent
TURNER, SHERRILL B Street Address (P.						P.O. Box Number i	is Not Acceptable)	
21726 US HIGHWAY 27 LEESBURG FL 34748 Suite, Apt. #, Etc.								
City						State Zip Code		
Signature o	f	e registered agent of the abov	named corpo	ration, am familiar wi	th and accept the of	oligations of Sectlo	on 607.0505, F.S.	J
Registered	Agent	RE	GISTERED AG	ENT MUST SIGN			Date	28
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.						No 🗆	See other side on intang	e for information gible tax.)
this rein owed by	statement ap / the corporat	plication, the reason for dissol	ution has been ames of individ	eliminated, the corpo uals listed on this for	orate name satisfies m do not qualify for	the requirements an exemption und	pter 607 or 617, F.S. I further of section 607,0401 or 617.04 der section 119.07(3)(i), F.S. T	01, F.S., that all fees

Daytime Phone #

SIGNATURE:

Assured Accounting Services, Inc.

240 Mohawk Road Clermont, Florida 34711 · 352-394-4048 Fax 352-394-3272 119 W. Lemon Street Lady Lake, Florida 32159 352-753-1337 Fax 352-753-9336

June 10, 1998

Florida Department of State
Annual Reports Filings
P.O. Box 1500
Tallahassee, Fl 32302-1500

RE: Lakefront Properties, Inc.

Dear Sir or Madam:

Enclosed please find our check in the amount of \$150.00 for the above referenced corporation.

We are respectively requesting the waiver of the \$400.00 penalty for filing late. We are aware that it is the stockholders responsibility to file on a timely basis, and Mr. Turner has always filed timely. Mr. Turner thought this was already paid and sent in before May 1, 1998.

We would appreciate your consideration in this matter.

Very truly yours,

Peggy L. Abraham

PLA:jk Enclosures