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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P9400056229 (5)

LAKE LOUISA DEVELOPMENT CORPORATION

Principal Plac	a of Business	I.d.: W	no Address						
		Mailing Address	vialling Address			t engeintne eich inein fifte Aberi an	.461 88614 88181 1	31416 BITTO 11818 118	10 1011 (001
200 E. ROBINSON ST.		200 E. ROBINSON ST.							
SUITE 1150 ORLANDO FL 32801		SUITE 1150 ORLANDO FL 32801-1962							
ONDANDO PE	32001	OUTWIND LE 95001-1901	•		-3.	Date incorporated or Quali	ified 3a.	Date of Last F	Roport
					ı ı	07/28/1994	I	04/29/1996	тороп
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			FEI Number			pplied For
21		26			"	59-3270986			lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08 0210000			Additional
22			27			Certificate of Status Desire	ed 📙		Required
City & State		City & State				Election Campaign Financi	ina	· · · · · · · · · · · · · · · · · · ·	May Be
23		28			I	Trust Fund Contribution			to Fees
Zip Country		Zip Country			8.	This corporation has liabilit	ty for intand		
24 25		29 30				Florida Statutes Yes No			
	9. Name and Address of Currer	I Registered Agent			10.	Name and Address of Ne	w Register	ed Agent	
GRO	OSMAN, KURT E		6	1 Nan	ne				
	E. ROBINSON ST.			2 Stro	at Address (D	O. Box Number is Not Acc	antable)		
	TE 1150		82 Street Ad			.O. DOX NUMBERS NOT ACC	eptable)		
	ANDO FL 32801		8	3		<u> </u>			
· · · ·						·		·	
			8	4 City			F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statu	ites, the abo	L ve-nam	ed corporation	n submits this statement for	the nurnes	o of changing i	its registered
Office or r	egistered agont, or both, in the State im familiar with, and accopt the obligations.	of Florida, Such change was	authorized	hv the c	orporation's b	oard of directors. I hereby a	accept the a	appointment as	registered
_	an lammar with, and accopt me cong.	ations of, occitor cor.osos, r	iona otata	63.					
SIGNATURE	Signature, typed or printed name of registered age	of and title diapplicable (NO	II Registored /	gent signa	ture required when	reinstating)	DATE	£ .	
12.	OFFICERS AND DIRECTORS		18.	13.		ADDITIONS/CHANGES TO (OFFICERS #	AND DIRECTOR	RS IN 12
TITLE	DPST	☐ DELETE	1.1 701.8					☐ Change	Addition
NAME	Grosman, kurt e		1.2 NAME						
STREET ADDRESS 200 E. ROBINSON ST., SUITE 1		1150	1.3 STREET ADDRESS		S				
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY-ST-ZIP						
TITLE	-	☐ DELETE	2.1 TITLE					☐ Change	Addition
NAME			2.2 NAM	F					į
STREET ADDRESS			2.3 STREET ADDRESS		iS				f
CITY-ST-ZIP			2 4 CHY-S1-ZIP				v ··· t,	.*	•
TITLE	☐ DELETE		31 TITLE	31 TITLE				Change	Addition
NAME			32 NAM	32 NAME					
STREET ADDRESS	TREET ADDRESS		33 STRE	33 STREET ADDRESS					
CITY-ST-ZIP			3.4. D/TY	- ST - ZIP					
TITLE			4 1 1171.	4 1 TITLE				☐ Change	Addition
NAME			4 2 NAM	IF.					
STREET ADDRESS			4.3 STREET ADDRESS		s				
CITY-ST-ZIP	4		4.4 CiTY	-ST-7IP					
TITLE			51 TITLE					☐ Change	Addition
NAME			52 NAM						
STREET ADDRESS				ET ADDRES	s				
CITY-ST-ZIP			5.4 CITY						
TITLE	-	☐ DELETE	6.1 Title					☐ Change	Addition
NAME	•		6.2 NAM						
STREET ADDRESS			1	E1 addres	,				
			I V S S INC		~				

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 eath; 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 charged, or on an attachment with an address.

E. CROWMAN, RESIDENT

FILED

Apr 29 1997 8:00am

Secretary of State

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