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 # P9400058583 (3)

LAKE RESIDENTIAL DEVELOPMENT, INC.

Principal Place of Business Mailing Address											Cist dital 10101 21101 (0)	
200 E. FIOBINSON ST.				200 E. ROBINSON ST.								
SUITE 1130				SUITE 1150 ORLANDO FL 32801-1962								
ORLANDO FL 32801				ONEXHIDO TE SEGOI-TAGE					3. Date Incorporated or Qual	ified	3a. Date of Last F	Report
									08/08/1994		04/26/1996	
2. Principal Pl	ace of Busin	noss	2	a. Mailing A	ddress				4. FEI Number			pplied For
21			26	26					59-3270982 Not Applicable			
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional			
22				27					Fee Hequired			
City & State				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23				Zip Country					Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,			
Zip	· · · · · · · · · · · · · · · · · · ·		_	}-ŋ '			, , ,		8. This corporation has liabilit Florida Statutes		angible tax under : Yes □ No	s. 199.032,
24 25 9. Name and Address of Currer								10. Name and Address of New Registered Agent				
000			unom mog	netorou rigo		8	1	Name				
GROSMAN, KURT E							_					
200 E. ROBINSON ST. SUITE 1150							2	Street Addre	ess (P.O. Box Number is Not Acc	eptable	')	
	ANDO FL	20004				8	3					
UHL	ANDU PL	32 0 0 I					↲					
						8	4	City			FL 85 Zip	Code
11. Pursuant t	to the provisi	ions of Sections 60	7.0502 and	607.1508, F	lorida Statuto	es, the abo	_L.	-named corpo	oration submits this statement for	the pur	pose of changing	its registered
office or re	eaistered aa	ent, or both, in the th, and accept the	State of Flo	orida. Such el	hange was a	uthorized	by.	the corporation	on's board of directors. I hereby	accept	the appointment as	s registered
	ili i g ililliai yyi	an, and accept the	obligations	or, account	107,0000, 110	rida Statot	OS.	•				
SIGNATURE .	Signature, typed	or printed name of registe	red agent and t	itie l'applicable	(NOTE	Registered A	gen	nt signature require	nd when reinstating)		DATE	
12.		OFFICER	S AND DIR	ECTORS		13.			ADDITIONS/CHANGES TO	OFFICE	RS AND DIRECTO	
TITLE	DPST				DELETE	1.1 TITLE					☐ Change	☐ Addition
NAME		in, kurt e				1.2 NAM	E					
STREET ADDRESS 200 E. ROBINSON ST., SUITE				E 1150			ET #	ADDRESS				
CITY-ST-ZIP	ORLAND	O FL 32801				1.4 CITY	· Sī	-21P				· · · · · · · · · · · · · · · · · · ·
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NAME						3.2 NAM						
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·) DEEL-16	5.2 NAM						
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STREET ADDRESS						ı						
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NAME				L	, ,,,,,,,,	6.2 NAM						
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6.4 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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered be 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.

FILED

Apr 21 1997 8:00am

Secretary of State

N KARUKAN KIN ABAK BERK BERK BOKK BOKK BOKK BOKK BINDI ANDI ANDI KUTAK BUKA BUKA KARA BIKE KARA