## 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

DOCUMENT #	P94000058835	(7)
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LAKE ALFRED LEISURE ENTERPRISES, INC. Principal Place of Business Mailing Address 670 E ALFRED DR 670 E ALFRED DR **LAKE ALFRED FL 33850-2312** LAKE ALFRED FL 33850 3. Date Incorporated or Qualified 3a. Date of Last Report 08/08/1994 09/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3271407 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zin Country Zin 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PEADNE PALMER, JUDY K PALMOL **670 E ALFRED DR** Street Address (P.O. Box Number is Not Acceptable) 82 LAKE ALFRED FL 33850 83 84 -Cand 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

ACCOUNTS

TREAS

DEANNE ALMON. Triens DEANNE SIGNATURE AL MEN registered agent and title if applicab signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) TUTLE DELETE 1.1 TITLE Change Addition PALMER, MARK D 1.2 NAME CR2E034 NAME 3210 BONNYBROOK DR. S 1.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 33811 CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE PALMER, JUDY K 2.2 NAME NAME 3210 BONNYBROOK DR S STREET ADDRESS 2.3 STREET ADDRESS LAKELAND FL 33811 2 4 CITY-ST-ZIP CHTY - \$1 - 21P DELETE Addition 3 1 TITLE THE ROGERS, GARY D dy K' Palmer NAME 3.2 NAME 670 E. ALFRED DR. 3210 Bornybrook DRS STREET ADDRESS 3.3 STREET ADDRESS LAKE ALFRED FL 33850 the Cond 3.4. CITY-ST-ZIP City - ST - ZIP DELETE Change Addition TITLE 4 1 TITLE rea Surer DEANUR PALMEL STOUT, ROBBIE J 4. 2 NAME 1127 OAK HILL ST STREET ADORESS 670 E. ALFRED DR. 4.3 STREET ADDRESS Kr 33803 LAKE ALFRED FL 33850 cuke land 4.4 CITY-ST-ZIP CITY - ST- 7IP DELETE 5.1 TITLE CHAIR MAN Change Addition WILLIAM P PELMER 5.2 NAME NAME 1127 OAKHILL ST 5.3 STREET ADDRESS STREET ADDRESS AKLANI PL 33903 G01Y - 51 - 21F 5.4 CITY - ST - ZIP Change TITLE DELETE 6.1 TITLE Addition 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CiTY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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

SIGNATURE:

HANATYNE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address

4-30,97

**FILED** 

May 12 1997 8:00am

Secretary of State

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