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

**PROFIT** CORPORATION ANNUAL REPORT

1997



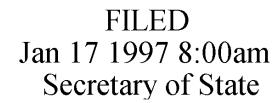
FLORIDA DE PARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000060822 (1)** 

LAKE AWESOME ACQUISITIONS, INC.





Principal Place of 2033 MAIN ST. 300 SARASOTA FL 342						
				3. Date Incorporated or Qualified 08/10/1994	3a. Date of Last Report 06/14/1996	
2. Principal Place		2a. Mailing Address	ina 21.	4. FEI Number	Applied For	
	Ringling Blvd	26 776 Kingi Suite, Apt. #, etc.	ing Blvo	65-0513030	Not Applicable	
Suite, Apt #, etc. 3 3 Suite, Apt #			)	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	1 71	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Savasota, tL		28 Sarasota TL		Trust Fund Contribution		
a 3423	Country US	29 34236 3	Country	8. This corporation has liability for Florida Statutes	intang-ble tax under s. 199.032,  Yes No	
	9. Name and Address of Current			10. Name and Address of New Re	egistered Agent	
-2033-M	N, PAUL E <del>Main ST, 300</del> OTA FL 34237		81 Name 82 Street 83 84 City	OLSON, PAUL Address (P.O. Box Number is Not Acceptal	1/4 BLVU ·	
11. Pursuant to the office or regingent. Lam for SIGNATURE	the provisions of Sections 607 0502 istered agent or both, in the State familia with and agreem the oblight	1 ho	the above-named of the corpida Statutes.	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered	
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
тице Р	PSDT	DELETE	1.1 TITLE	PSDT	Change Addition	
NAME C	OLSON, PAUL E.		1.2 NAME	OLSON, PAUL E 1776 RINGLING BE	4.44	
م ا	<del>2033 main street, suite 300</del> Sarasota fl	- Change	13 STREET ADDRESS	1776 KINGLING P	34216	
CITY-ST-ZIP S	SANASUIA FL	DELETE	14 CITY-ST-ZIP 21 TITLE	SARASOTA, FL	Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	1.		
DITY-SI-ZIP			2 4 CHTY-S1-ZIP			
ITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADORESS			3.3 STREET ADORESS			
JIY-ST-ZIP			34 CITY-ST-ZIP			
ITLE		[]] DELETE	4 1 TITLE		☐ Change ☐ Addition	
NAMÉ			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		•	
CITY - ST - ZIP		DELETE	4.4 City - ST - ZiP 5.1 Title		Change Addition	
NAME		E.J Deceip	5.2 NAME		First Avenue CT Medition	
STREET ADDRESS			5.3 STREET ADDRESS			
City: \$1-ZiP			5.4 CITY-\$1 · ZIP			
ITLE		DECETE	6.1 TITLE		Change Addition	
IAME			62NAME	}		
STREET ADDRESS			63 STREET ADDRESS			
ITY-ST-ZIP			6.4 CITY - ST- ZIP			
4. I do hereby o information in I am an offici	certify that the information supplied indicated on this annual report or su er or director of the disporation or t albek 12 or Blogk 13 c changing, or	ipplemental annual report is tru he receiver or trustee empowe	for the exemption size and accurate and red to execute this i	tated in Section 119.07(3)(i). Florida Statule i that my signature shall have the same leg eport as required by Chapter 607, Florida	es. I further certify that the al effect as if made under oath; tha Statules; and that my name	
SIGNATU	RE: TOWN L	PRINTED MANE OF SIGNING OFFICER O	R DIRECTOR	Date	Daytime Phone #	