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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000033218 (5)

LAKEVIEW TERRACE RETIREMENT SERVICES, INC.

## **FILED** Mar 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						T THE STATE OF STATE	14 <b>06</b> 64100 11140 16001	11001 1011 1041	
1095 W. MORS WINTER PARK			1095 W. MORSE BLVD. WINTER PARK FL 32789			DO NOT WRITE IN	THIS SPACE		
						3. Date Incorporated or Qualified			
6 Dringing Di	ace of Business	2s. Mailing Address				04/27/1995 4. FEI Number		Applied For	
<del></del>	ace of Business	<del>                                     </del>	26				Not Applicable		
21   26   Suite, Apt. #, etc.   Suite, Apt. #, e			dc.			59-3314032	A0 7/	Additional	
22						5. Certificate of Status Desired	U +	Required	
City & State	)	City & State	<b>⊢</b> ¬ ′			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	28 Country Zip			Country		1100(10)12 20111/2011011			
24	25	29	30	,,,,		<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	Ar	No	
24	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
					Name				
SCHULTZ, KENNETH 1095 W. MORSE BLVD				82 Street Address (P.O. Box Number is Not Acceptable)					
	TER PARK FL 32789				- alleet Addre	ss (F.O. Box Number is Not Acceptable)			
			ļ	83					
			ļ	64	City		FL 85 Zi	p Code	
11, Pursuant to	o the provisions of Sections 607.0	0502 and 607.1508, Florida Stat	utes, the ab	ove	-named corpo	ration submits this statement for the purp	ose 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, typed or printed name of registered agent and title if applicable (NOTE: Ragio					nt signature required		DATE		
12.		OFFICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO OFFICERS			
TITLE	ST COUNTY MENNETH	☐ DELETE	1.1 TITLE 1.2 NAM		11	rector/Secretary/Treas	Change	e 🔲 Addition	
NAME OTOSET ADDRESS	SCHULTZ, KENNETH 1095 W. MORSE BLVD.				ADDDTOG			[8	
STREET ADDRESS	WINTER PARK FL				ADDRESS TJ1	nton Bonk El 22700			
CITY-ST-ZIP TITLE	P	DELETE	1.4 CIT 2.1 TIT			nter Park FL 32789 rector/President	X Change	e Addition	
NAME			2.2 NA	, .		rector/ Fresident			
STREET ADDRESS	1095 W. MORSE BLVD.			2.3 STREET ADDRESS				1	
CITY-ST-ZIP	WINTER PARK FL		2. 4 CI		l l	nter Park FL 32789	••		
TITLE		DELETE	3.1 TIT	3.1 TITLE			Change	e Addition	
NAME			3.2 NA	ΜĒ	.				
STREET ADDRESS			3.3 STREET		address			Į.	
CITY-ST-ZIP			3.4. CI	1Y-S	T-ZIP				
TITLE		☐ DELETE	4.1 TIT	LE			Change	e	
NAME			4. 2 NA	WE	-				
STREET ADDRESS			4.3 STREET		ADDRESS			ł	
CITY-ST-ZIP		T priest	4.4 CI		T- ZIP		770	12233	
TITLE		☐ DELETE	5.1 TiT				Change	e Addition	
NAME			5.2 NA		1000000			f	
STREET ADDRESS			ı		ADDRESS			Į.	
CITY-ST-ZIP		DELETE	5.4 CIT		1- ZIP		Change	e Addition	
TITLE		☐ DELETE			İ		L Charge	, Lu Addition	
NAME OTDEET ADDDCCC			6.2 NA		AUDDECC			ļ	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	artifut that the information a males	Luith this filing does not a wife	6.4 CIT	Y-SI		Continue 440 07/0/6) Elevide Statutes I furt	har and fu that t	ho intermetion	

increase certify that the information supplies with this tiling coes not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplicing that it amount indicated on this annual report of the corporation or the receiver or trustoe empowered to 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 any atta; himent with an address