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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

DOCUMENT #

Feb 27 1998 8:00am Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS

•	Name  BAR LAKES WES	ST PROPERTIE		2 (1)					
Principal Place of Business Mailing Address								411 <b>1</b> 1101 1001	
300 Magnolia avenue, suite d Merritt Island Fl 32952 Merritt Island Fl 3295									
					-		DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							05/17/1995		
2. Principal Place of Business			2a, Mailing Address					pplied For	
21			26				00 0000001	ot Applicable	
Suite, Apt. #, etc. Suite, Apt.				#, etc.			5 Contingte of Status Desired	Additional	
22 27								equired	
City & State City & State 28								May Be to Fees	
Zip				Zip Cou			8. This corporation owes or has paid the current year Intangible		
24	<u></u>		29	30				No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
GL	JNN, WILLIAM E				81	Name			
300 MAGNOLIA AVENUE, SUITE D MERRITT ISLAND FL 32952					62	Street Add	Address (P.O. Box Number is Not Acceptable)		
					83	83			
					84	City	FL 85 Zip	Code	
11. Pursuant office or ragent. La	to the provisions of S egistered agent, or b m familiar with, and a	ections 607.0502 a oth, in the State of accept the obligation	nd 607.1508, Fi Florida: Such ol ns of, Section 6	lorida Statutes hange was au 607.0505, Flori	s, the above thorized by ida Statutes	e-named cor vithe corpora s.	rporation submits this statement for the purpose of changing in ation's board of directors. I hereby accept the appointment as	ts registered registered	
	Signature, typed or printed n			(NOTE:	_	nt signature requ	uired when reinstating) DATE		
12.	<del></del>	OFFICERS AND D		Del ese	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE	=				1.1 TITLE		Change	Addition	
NAME GUNN, WILLIAM E					1.2 NAME				
STAREET ADDRESS 490 MOHAWK TRAIL CITY-ST-ZIP MERRITT ISLAND FL 32953					1.3 STREET ADDRESS				
CITY-ST-ZIP	MENHIII ISLAN	IU FL 32953		DELETE	1.4 CITY - S	T-ZIP		A stable -	
TITLE				DELETE	2.1 TITLE		L] Change	☐ Addition	
NAME					2.2 NAME				
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NAME					3.2 NAME		- Unange		
STREET ADORESS					3.3 STREET	ADDRESS		İ	
					3.4. CITY - S	1			
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STREET ADDRESS	4 1				4.3 STREET	ADORESS			
CITY-ST-ZIP	* Aut				4.4 CITY-S	- 1			
TITLE				DELETE	5.1 TITLE		☐ Change	Addition	
NAME					5.2 NAME	ĺ	- <del>-</del> •		
STREET ADDRESS					5.3 STREET	ADDRESS		1	
CITY-ST-ZIP					5.4 CITY-S				
TITLE				DELETE	6.1 TITLE		Change	Addition	
NAME			_		6.2 NAME	ĺ		- 1	
STREET ADDRESS					63 STREET	ADDRESS			
CITY-ST-2IP					64 CITY-S	1			

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

SIGNATURE.

**FILED**