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

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000045658 (8)

512 S. LAKESIDE CORP.

FILED
Apr 21 1998 8:00am
Secretary of State



1/14/98

3210 DOW STREET POMPANO BEACH FL 33062		3210 DOW STREET POMPANO BEACH FL 33062			
					DO NOT WRITE IN THIS SPACE
					Date Incorporated or Qualified O6/07/1995
2. Principal P	Place of Business	2a, Mailing Address	2a, Mailing Address		4. FEI Number Applied For
21		26			65-0599281 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	-	Country		8. This corporation owes or has paid the current year Intangible
24	9, Name and Address of Current	[29]	30	T	Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent
		negistered Agent		81 Name	10. Name and Address of New Registered Agent
STRUZER, STEWART 3210 DOW STREET					
				B2 Street	Address (P.O. Box Number is Not Acceptable)
POMPANO BEACH FL 33062				83	
				84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statu	tes the a	LL bove-named	corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
_	un terminar with, and accept the oralga	uons or, acordin oo7.0305, r	ionaa ota	wes.	
SIGNATURE	Signature, typical or printed name of requisional agen-	f and bith it apelicable (NO	11 · ftegistore	d Agent signature	e required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELLIE	1.13	TLF	☐ Change ☐ Addition
NAME	STRUZER, STEWART		1.2 N	ame	
STREET ADDRESS	3210 DON STREET		1.3 \$	TREE1 ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 0	11Y - ST - ZIP	
TITLE		LJ DELETE	2.1 T	TLE	☐ Change ☐ Addition
NAME			2.2 N	AME	
STREET ADDRESS			2.3 S	TREET ADDRESS	
CITY-ST-ZIP				CITY - \$1 - ZIP	
TITLE		DELETE	3.1 1	1LE	Change Addition
NAME			3.2 N	AME	
STREET ADDRESS				TREET ADDRESS	
CiTY-ST-ZIP		/ C District		:11Y-S1-7IP	Change Addition
TITLE	Li	LI DELETE	4.1 T		Change Li Auditon
NAME			4.21		
STREET ADDRESS				TRELI ADORESS	
CITY-ST-ZIP TITLE		DELETE	5.11	ITY-ST-ZIP	Change Addition
NAME		E DATE	5.1 I		C., change [] Addition
				INEET ADDRESS	· ·
STREET ADDRESS			-	ITY-ST-ZIP	·
CITY-ST-ZIP TITLE		DELETE	611		Change Addition
NAME			62 N		
STREET ADDRESS				TREET ADDRESS	
CITY-ST-ZIP				ITY-ST-ZIP	
14 Thereby o	certify that the information supplied wit	h this filing does not qualify	or the ex	emption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated on this annual report or supplemental armust report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or frustee 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.					