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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000049197 (3)

LAKE WYMAN ESTATES ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**FILED** Mar 13 1997 8:00am Secretary of State



7040 W. PALMETTO PARK ROAD SUITE 2-150 BOCA RATON FL 33433		SUITE 2-150	7040 W. PALMETTO PARK ROAD SUITE 2-150 BOCA RATON FL 33433-3407				
					<ol> <li>Date Incorporated or Qualified 06/23/1995</li> </ol>	3a. Date of Last 04/12/1996	
2. Principal Pi	ace of Business	2a. Mailing Address		*****	4. FEI Number		Applied For
21		26			65-0593583		Not Applicable
Su-le, Apt. (	#, etc	Suite, Apt. #, etc.	<b>├</b> ──		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	)	City & State			6. Election Campaign Financing	\$5.00	O May Be
23		28	28		Trust Fund Contribution Added to Fees		
Ζιρ	Country	Zıp	Country Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30				Florida Statutes 💹 Yes 🗌 No		
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEVINE, JEFFREY ESQ.				81 Name			
900 NORTH FEDERAL HIGHWAY			h	82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 380			ľ	0,000,700	to out (1.2. Don Hallion is Not Appopla	,,,,,	
BOCA RATON FL 33432			ŗ	33			
1			ļ.			1-1 %	
			[*	Gity		FL 85 Zip	p Code
11. Pursuant to the previsions 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 typed or printed name of registers	d agent and title if applicable. (N	IQTE: Regislered	Agent signature rec	quired when reinstating)	DATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	DELETE	1.1 T(T)	.E		☐ Change	Addition
NAME	NORMAN, JEFFREY H		1.2 NA	AE .			
STREET ADDRESS	RESS 832 SW 10 AVENUE		1.3 STR	EET ADDRESS			
CHTY-ST-ZIP	BOCA RATON FL 33486		1.4 CIT	Y-SY-ZIP			l'i
TITLE		DELETE	2 1 TIT	.E		☐ Change	Addition
NAME			2 2 NA	AE.			
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TITLE			3.1 T(T)		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			3.2 NA	JF .			
STREET ADDRESS				EET ADORESS			\
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NAME		hand proble	4. 2 NA	l			_
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STREET ADDRESS				EET ADORESS			
CITY-ST-ZIP		DELETE		r-ST-ZIP		Change	Addition
TITLE		FIII DETELE	5.1 TITU	1		The control of	- Moniton
NAME			5 2 NAI	1	,		
STREET ADDRESS			1	EET ADDRESS			
City - St - Ziff				Y-ST-ZIP			
TITLE		☐ DELETE	6 1 TIT	,E	•	Change	e 🔲 Addition
NAME			6.2 NA	AE.			
STREET ADDRESS			6.3 STF	EET ADDRESS			l
CITY+ST-ZIP			6.4 CIT	Y-ST-ZIP			
	by certify that the information sun	inlind with this fillion does not ou	alify for the e	xemption sta	ted in Section 119.07(3)(i). Florida Statute	s. I further certify the	at 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 of rustee 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: