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FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000080107 (2)
1. Corporation Name

LAKESHORE PCI, INC.



Principal Place of Business
832 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442

Mailing Address
832 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442-2085

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

GOLDBERG, MICHAEL D
832 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

3. Date Incorporated or Qualified

10/16/1995

3a. Date of Last Report

07/10/1996

4. FEI Number

65-0624630

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

11. Pursuant to the provisions 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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PORTEN, SCOTT
STREET ADDRESS 832 SOUTH MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE D ☐ DELETE

NAME PORTEN, HERMAN
STREET ADDRESS 832 SOUTH MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE OPS ☐ DELETE

NAME GOLDBERG, MICHAEL D
STREET ADDRESS 832 SOUTH MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE V ☐ DELETE

NAME PORTEN, STEPHAN
STREET ADDRESS 5515 SECURITY LANE STE 550
CITY-ST-ZIP ROCKVILLE MD 20852

TITLE T ☐ DELETE

NAME TRIPPE, GEORGE
STREET ADDRESS 5515 SECURITY LANE STE 550
CITY-ST-ZIP ROCKVILLE MD 20852

TITLE S ☒ DELETE

NAME FITZWATER, JUDITH
STREET ADDRESS 832 SOUTH MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BEACH FL 33442

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 of this report or as an attachment with an address.

SIGNATURE:

4/16/97 (954) 422-1883

CR2E034 (9/96)