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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000009552

LAKE STREET ASSOCIATES, INC.

| Principal Place of Business Mailing Address PO BOX 1645 SARASOTA FL 34230 DO   |                  |                                      |                                     |
|--|------------------|--------------------------------------|-------------------------------------|
| SARASOTA FL 34230 SARASOTA FL 34230  |                  |                                      |                                     |
| 1  | O NOT WRITE IN   | THIS SPACE                           |                                     |
| 3. Date Incorporated of 01/29/1996   | or Qualifed      |                                      |                                     |
| 2. Principal Place of Business   | . •              | <del></del>                          | pplied For<br>ot Applicable         |
|  |                  |                                      | Additional                          |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certifcate of Status  | s Desired        | •                                    | equired                             |
| City & State City & State 6. Election Campaign Trust Fund Contribu   | 1 1              |                                      | May Be<br>to Fees                   |
| Zip Country Zip Country 8. This corporation ow   |                  | ear Intangible                       | □No                                 |
| 4 25 29 30 Personal Property  9. Name and Address of Current Registered Agent 10. Name and Address   |                  |                                      |                                     |
| 9. Name and Address of Current Registered Agent 81 Name  |                  | <del></del>                          |                                     |
| O'GARA, JAMES 1927 BENEVA CT., STE. 307  82 Street Address (P.O. Box Number is N   | Not Acceptable)  | 180                                  |                                     |
| SARASOTA FL 34232 83   |                  |                                      |                                     |
|  |                  |                                      |                                     |
| 84 City  |                  | FL 85 Zip                            | Code                                |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statem office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I he agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   | ereby accept the | appointment as re                    | egistered                           |
| SIGNATURE (MOTS Perillated Acous already a coultred whom rejectation)  | D.               | ATF                                  |                                     |
| Signature, typed or printed name of registered agent and title if epplicable. (NOTE: Registered Agent signature required when reinstating)   |                  | ATE<br>RS AND DIMECT                 | ORS IN 12                           |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANG  |                  |                                      | ORS IN 12                           |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANG  TITLE  D DELETE  1.1 TITLE  | GES TO OFFICE    | RS AND DIRECT                        |                                     |
| Signature, typed or printed name of registered agent and title if epplicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANG  TITLE  D  O'GARA, JAMES  1.2 NAME   | GES TO OFFICE    | RS AND DIVECTO<br>Change             |                                     |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANG  TITLE  NAME  O'GARA, JAMES  STREET ADDRESS  1.3 STREET ADDRESS  CARASOTA EL 2007  | GES TO OFFICE    | RS AND DIRECT                        |                                     |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANG  TITLE  NAME  O'GARA, JAMES  STREET ADDRESS  O'GARA, JAMES  1.2 NAME  1.3 STREET ADDRESS  OITY-ST-ZIP  SARASOTA FL 34232  1.4 CITY-ST-ZIP  | GES TO OFFICE    | RS AND DIVECTO<br>Change             |                                     |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANG  TITLE  D O'GARA, JAMES  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL 34Z32  DELETE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  | GES TO OFFICE    | RS AND DIFFECTOR Change              | ☐ Addition                          |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANG  TITLE  D O'GARA, JAMES  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.4 CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE   | GES TO OFFICE    | RS AND DIFFECTOR Change              | ☐ Addition                          |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANG  TITLE  NAME  0'GARA, JAMES  1.2 NAME  1.3 STREET ADDRESS  TOTY-ST-ZIP  TITLE  NAME  1.4 CITY-ST-ZIP  TITLE  NAME  2.2 NAME  2.2 NAME  2.2 NAME  3.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  NAME  | GES TO OFFICE    | RS AND DIFECTI<br>Change             | ☐ Addition                          |
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| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANG  TITLE  NAME  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  TOTY-ST-ZIP  SARASOTA FL 34232  1.4 CITY-ST-ZIP  NAME  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  TOTH  NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  TOTH  TO | GES TO OFFICE    | RS AND DIFECTI<br>Change             | ☐ Addition                          |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANG  TITLE  NAME  O'GARA, JAMES  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  2.1 TITLE  NAME  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  2.4 CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.1 TITLE  ADDITIONS/CHANG  | GES TO OFFICE    | RS AND DIFECTI<br>Change             | ☐ Addition                          |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANG  TITLE  NAME  O'GARA, JAMES  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  3.4 CITY-ST-ZIP  3.5 CITY-ST-ZIP  3.5 CITY-ST-ZIP  3.6 CITY-ST-ZIP   | GES TO OFFICE    | Change Change Change                 | Addition Addition                   |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANG  TITLE  NAME  O'GARA, JAMES  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  TITLE  NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  NAME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.4 CITY-ST-ZIP  TITLE  DELETE  3.5 TREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.6 ADDITIONS/CHANG  ADDITIONS/CHANG  1.7 ITILE  DELETE  1.1 ITILE  DELETE  3.1 TITLE  DELETE  4.1 TITLE  | GES TO OFFICE    | RS AND DIFECTI<br>Change             | ☐ Addition                          |
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| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  TITLE  DOGARA, JAMES  12. NAME  O'GARA, JAMES  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  A1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  A2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  A3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  A4 CITY-ST-ZIP  | GES TO OFFICE    | Change Change Change Change          | Addition Addition Addition          |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANG  TITLE  DOUGARA, JAMES  12. NAME  12. NAME  12. NAME  12. NAME  13. STREET ADDRESS  TOTY-ST-ZIP  TITLE  DELETE  13. STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  14. CITY-ST-ZIP  TITLE  DELETE  21. TITLE  22. NAME  23. STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  NAME  32. NAME  33. STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  NAME  4.2 NAME  4.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  NAME  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  5.1 TITLE  DELETE  CANAME  4.2 NAME  | GES TO OFFICE    | Change Change Change                 | Addition Addition Addition          |
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FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90077 017 \*\*\*150.00



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 champed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP