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Apr 18 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 # **P96000030073 (6)**

1. Corporation Name
LAKEWOOD PLAZA CORPORATION

Principal Place of Business
~~425 GULF SHORE BLVD. NORTH~~
~~NAPLES FL 33940~~
2584 S. Horshoe Dr.
Naples, FL 33942

Mailing Address
~~425 GULF SHORE BLVD. NORTH~~
~~NAPLES FL 34102-5548~~
2584 S. Horshoe Dr.
Naples, FL 33942

3. Date Incorporated or Qualified: 04/05/1996
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0676378 — 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

9. Name and Address of Current Registered Agent
PAULICH, SLACK & WOLFF PA
2150 GOODLETTE ROAD 6TH FLOOR
NALES FL 33940

10. Name and Address of New Registered Agent
81 Name: John Paulich III
82 Street Address (P.O. Box Number is Not Acceptable): c/o Paulich, Slack & Wolff, P.A.
83: 2150 Goodlette Rd., 6th Floor
84 City: Naples FL
85 Zip Code: 34102

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: _____ 2/17/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	PAULICH, JOHN III	
STREET ADDRESS	2150 GOODLETTE ROAD 6TH FLOOR	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D James A. Connell	☐ DELETE
NAME	P.O. Box 5019	N/A
STREET ADDRESS	Upland, CA 91785	
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D,P,S,T	☐ Change ☒ Addition
1.2 NAME	Maureen DaCosta	
1.3 STREET ADDRESS	2555 Collins Ave., Apt. 811	
1.4 CITY-ST-ZIP	Miami Beach, FL 33140	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	James A. Connell see column	
2.3 STREET ADDRESS	~~425 Gulf Shore Blvd. N.~~ 12	
2.4 CITY-ST-ZIP	~~Naples, FL 34102~~	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Patricia A. Fox	
3.3 STREET ADDRESS	8 Millrace North	
3.4 CITY-ST-ZIP	Williamsville, NY 14221	
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 if changed, or on an attachment with an address.

SIGNATURE: Maureen DaCosta, President 3/12/97 305-531-0211

CR2E034 (9/96)