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Apr 01 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 # P96000035512 (8)

1. Corporation Name

LAKE LINDA CIRCLE DEVELOPMENT CORPORATION

Principal Place of Business

20500 COT ROAD #363  
LUTZ FL 33549

Mailing Address

20500 COT ROAD #363  
LUTZ FL 33549-8377

3. Date Incorporated or Qualified  
04/24/1996

3a. Date of Last Report

2. Principal Place of Business

21 2036 LAKE LINDA CIRCLE

2a. Mailing Address

26 2036 LAKE LINDA CIRCLE

4. FEI Number

59-3373584

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23 LUTZ, FL

City & State

28 LUTZ, FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip Country

24 33549

Zip Country

29 33549

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

Yes No

9. Name and Address of Current Registered Agent

KUENZEL, DIANE V  
4111 LAND O' LAKES BLVD  
SUITE 302-D  
LAND O' LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name

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

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME JENGO, DONALD  
STREET ADDRESS %20500 COT ROAD #363  
CITY-ST-ZIP LUTZ FL 33549

DELETE

TITLE VD  
NAME ROUSSEL, RICHARD  
STREET ADDRESS %20500 COT ROAD #363  
CITY-ST-ZIP LUTZ FL 33549

DELETE

TITLE VD  
NAME LAVALLEY, LINDA  
STREET ADDRESS %20500 COT ROAD #363  
CITY-ST-ZIP LUTZ FL 33549

DELETE

TITLE TD  
NAME POITRAS, MICHELINE  
STREET ADDRESS %20500 COT ROAD #363  
CITY-ST-ZIP LUTZ FL 33549

DELETE

TITLE SD  
NAME LAVALLEY, FRANCIS  
STREET ADDRESS %20500 COT ROAD #363  
CITY-ST-ZIP LUTZ FL 33549

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS 2036 LAKE LINDA CIRCLE

14 CITY-ST-ZIP

21 TITLE

22 NAME Change Addition

23 STREET ADDRESS

24 CITY-ST-ZIP JACK FRAILEY 2036 LAKE LINDA CIRCLE LUTZ FL 33549

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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:

Signature and typed or printed name of signing officer or director  
DONALD JENGO 3/27/97 813 948 9356

CR2E034 (9/96)