


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

FILED
Apr 16 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000035512 (8)
1. Corporation Name
LAKE LINDA CIRCLE DEVELOPMENT CORPORATION

| | |
|---|---|
| Principal Place of Business 2036 LAKE LINDA CIR LUTZ FL 33549 US | Mailing Address 2036 LAKE LINDA CIR LUTZ FL 33549 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|----|------------------------|----|---|-----------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/24/1996 | |
| 21 Suite, Apt. #, etc. | 26 | 27 Suite, Apt. #, etc. | 28 | 4. FEI Number 59-3373584 | Applied For Not Applicable |
| 22 City & State | 27 | 28 City & State | 29 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 Zip | 24 | 25 Country | 26 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 27 Zip | 28 | 29 Country | 30 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 OLESKI, RONALD 82 Street Address (P.O. Box Number is Not Acceptable) 2036 LAKE LINDA CIRCLE 83 84 City LUTZ FL 85 Zip Code 33549 | |
|---|--|--|--|

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 *Ronald Oleski* (NOTE: Registered Agent signature required when reinstating) DATE April 11 1998

| | | | |
|----------------------------|---|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD JENGO, DONALD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PD OLESKI, RONALD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2036 LAKE LINDA CIR | 1.2 NAME | 2036 LAKE LINDA CIRCLE |
| STREET ADDRESS | LUTZ FL | 1.3 STREET ADDRESS | LUTZ, FL 33549 |
| CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | |
| TITLE | VD FRALEY, JACK <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | SD SMITH, RITA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2036 LAKE LINDA CIR | 2.2 NAME | 2036 LAKE LINDA CIRCLE |
| STREET ADDRESS | LUTZ FL | 2.3 STREET ADDRESS | LUTZ, FL 33549 |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | VD LAVALLEY, LINDA <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | TD KITCHENS, LYNNE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | %20500 COT ROAD #363 | 3.2 NAME | 2036 LAKE LINDA CIRCLE |
| STREET ADDRESS | LUTZ FL 33549 | 3.3 STREET ADDRESS | LUTZ, FL 33549 |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | TD OLESKI, RON <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | D MCARTHUR, RICHARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2036 LAKE LINDA CIR | 4.2 NAME | 2036 LAKE LINDA CIRCLE |
| STREET ADDRESS | LUTZ FL | 4.3 STREET ADDRESS | LUTZ, FL 33549 |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | SD LAVALLEY, FRANCIS <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | D FORTE, ANGELO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | %20500 COT ROAD #363 | 5.2 NAME | 2036 LAKE LINDA CIRCLE |
| STREET ADDRESS | LUTZ FL 33549 | 5.3 STREET ADDRESS | LUTZ, FL 33549 |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | V BIGELOW, WESLEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | 2036 LAKE LINDA CIRCLE |
| STREET ADDRESS | | 6.3 STREET ADDRESS | LUTZ, FL 33549 |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

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 changed, or on an attachment with an address.

SIGNATURE: *Ronald Oleski* RONALD OLESKI 3/27/98 813 909 2364

CR2E034 (10/97)