

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 11 1997 8:00am
Secretary of State

DOCUMENT # P96000055290 (6)

1. Corporation Name
LAKEVIEW A.L.F., INC.



Principal Place of Business

3833 S.W. 33RD ST.
HOLLYWOOD FL 33023

Mailing Address

3833 S.W. 33RD ST.
HOLLYWOOD FL 33023-5682

3. Date Incorporated or Qualified

06/28/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

9. Name and Address of Current Registered Agent

TRIOLA, LUNDA
3833 S.W. 33RD STREET
HOLLYWOOD FL 33023

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 NAME STREET ADDRESS CITY - ST - ZIP

D
TRIOLA, LUNDA
1403 MAYO STREET
HOLLYWOOD FL 33020

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D
TRIOLA, JOSEPH
1403 MAYO STREET
HOLLYWOOD FL 33020

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP

Change Addition

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP

Change Addition

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP

Change Addition

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP

Change Addition

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP

Change Addition

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP

Change Addition

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: Lunda Triola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/97 (954) 776-8650
Date Daytime Phone

CR2E034 (9/96)