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FILED
May 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 # P96000056798 (7)
1. Corporation Name
COUNTRY LAKES Development Corporation

Principal Place of Business Mailing Address
2601 S. Bayshore Dr Miami FL 33133-5461 2601 S. Bayshore Dr Miami FL 33133-5417

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

3. Date Incorporated or Qualified 3a. Date of Last Report
7-1-96
4. FEI Number Applied For
65-0680072 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
LANGLEY, MARCIA H.
2601 S. Bayshore Dr.
9th floor
MIAMI, FL 33133-5461

10. Name and Address of New Registered Agent
81 Name JOEL K GOLDMAN, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable) SUITE 900
83 2601 S. Bayshore Dr.
84 City MIAMI, FL 85 Zip Code 33133

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: *Joel K. Goldman* JOEL K. Goldman 4-11-97 DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	Jeffrey, Thomas W.	
STREET ADDRESS	2601 S. Bayshore Dr.	
CITY-ST-ZIP	Miami FL 33133-5461	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	Langley, Marcia H.	
STREET ADDRESS	2601 S. Bayshore Drive	
CITY-ST-ZIP	Miami, Florida 33133-5461	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	Fischer, John H.	
STREET ADDRESS	2601 S. Bayshore Drive	
CITY-ST-ZIP	Miami FL 33133-5461	
TITLE	P	<input type="checkbox"/> DELETE
NAME	Woodbury, Kimball D	
STREET ADDRESS	2601 S. Bayshore Drive	
CITY-ST-ZIP	Miami, FL 33133-5461	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	Goldman, Joel K.	
STREET ADDRESS	2601 S. Bayshore Drive	
CITY-ST-ZIP	Miami, Florida 33133-5461	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	Carleton, Callis	
STREET ADDRESS	2601 S. Bayshore Drive	
CITY-ST-ZIP	Miami FL 33133-5461	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/C/AS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carleton, Callis	
1.3 STREET ADDRESS	2601 S. Bayshore Drive	
1.4 CITY-ST-ZIP	Miami FL 33133-5461	
2.1 TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fischer, John H.	
2.3 STREET ADDRESS	2601 S. Bayshore Drive	
2.4 CITY-ST-ZIP	Miami FL 33133-5461	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***165.00

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: *Joel K. Goldman* JOEL K. Goldman 4-11-97 305-259-4071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)