

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

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Apr 15, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000056798

1. Corporation Name
COUNTRY LAKES DEVELOPMENT CORPORATION



Principal Place of Business
 2601 SOUTH BAYSHORE DRIVE
 MIAMI FL 33133-5461

Mailing Address
 2601 S. BAYSHORE DRIVE
 LEGAL DEPT., SUITE 900
 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
07/01/1996

4. FEI Number
65-0680072

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
GOLDMAN, JOEL K ESQ.
2601 SOUTH BAYSHORE DRIVE
SUITE 900
MIAMI FL 33133

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JEFFREY, THOMAS W	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	LANGLEY, MARCIA H	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FISCHER, JOHN H	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WOODBURY, KIMBALL D	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	GOLDMAN, JOEL K	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	TROISI, CLAUDIA	
STREET ADDRESS	2601 S. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL 33133	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Laguardia, John	
1.3 STREET ADDRESS	2601 S. Bayshore Drive	
1.4 CITY-ST-ZIP	Miami FL 33133	
2.1 TITLE	V/AS/C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cook, Paula	
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	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Goldman, Joel K.	
5.3 STREET ADDRESS	2601 S. Bayshore Drive	
5.4 CITY-ST-ZIP	Miami FL 33133-5461	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: _____ DATE: **4-9-99** DAYTIME PHONE #: **305-859-4000**

CR2E034 (1.1.198)