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Apr 25 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 # P96000100330 (5)

1. Corporation Name
JULIANA LAKESIDE BED & BREAKFAST, INC.



Principal Place of Business Mailing Address
585 STATE ROAD 559 AUBURDALE FL 33823 585 STATE ROAD 559 AUBURDALE FL 33823-9365

3. Date Incorporated or Qualified 12/11/1996 3a. Date of Last Report N/A
4. FEI Number 59-3416935 Applied For 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 [X] No

2. Principal Place of Business 2a. Mailing Address
21 585 SR 559 26 SAME
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 AUBURDALE FL 28 4 City & State
24 33823 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
CARLSON, LARRY M
585 STATE ROAD 559
AUBURDALE FL 33823

10. Name and Address of New Registered Agent
81 Name LARRY B CARLSON
82 Street Address (P.O. Box Number is Not Acceptable) 585 SR 559
83 A
84 City AUBURDALE FL 85 Zip Code 33823

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE: D [] DELETE
NAME: CARLSON, EILEEN M
STREET ADDRESS: 585 STATE ROAD 559
CITY - ST - ZIP: AUBURDALE FL 33823
TITLE: D [] DELETE
NAME: CARLSON, LARRY B
STREET ADDRESS: 585 STATE ROAD 559
CITY - ST - ZIP: AUBURDALE FL 33823
TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 REQUIRED 4/15/97 941984 8352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0010449

CR2E034 (9/96)