Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90073 049 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000103818

1. Corporation Name

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

LAKE BESS INVESTORS, INC.

Principal Place	BLVD.	Mailing Address 223 GOLF AIRE BLVD.	14	-								
WINTER HAVEN FL 33884 WINTER HAVEN FL 33884							DO NOT WRITE IN THIS SPACE					
			•				ate Incorpora 2/23/1996	ted or Qualife	d			
2. Principal P	lace of Business	2a. Mailing Address		_			El Number			Ap	plied For	
21		26				5	9-3441720	3		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. C	5. Certificate of Status Desired \$8.75 Additional Fee Required						
City & State	e	City & State			' / G		lection Camp	aign Financin	9	\$5.00 Added t		
Zip	Country	Zip	Cou	intry		8. T	his corporation	n owes the c	rrent year Int	angible		
24	25.	29	30			P	ersonal Prop	erty Tax.		Yes	® No_	
	9. Name and Address of Current	t Registered Agent				10. N	ame and Ad	dress of Nev	Registered	Agent		
				81	Name					•		
	venson, arnold l			82	Street Ad	Idrass (P.O	Box Numbe	r is Not Acce	otable)			
206223 GOLF AIRE BLVD.) Silect Ad	o. 1) 8801DE	. DOX HOIND	. 10 110171000	·			
WIN1	TER HAVEN FL 33884	4		83					•			
•	,	· 👟		0.4	-				<u> </u>	85 Zip (`ode	
ļ				84	City				FL	, ⁶³ ~ ⁶	Jude	
l office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligat	of Florida. Such change was tions of, Section 607.0505, f	s autnorize Florida Stat	a by tutes	the corpora	ation's boar	a or airectors	tatement for the later to the l	, Sebt ale abbou	changing its ntment as re	registered gistered	
	Signature, typed or printed name of registered agent		~~~ ~		nt signature requ			ANCES TO	DATE OFFICERS AN	ID DIRECTO	IDS IN 12	
12.	OFFICERS ANI		13.			AL	UITIONS/CF	ANGES TO	FFICERS AN	Change	Addition	
TITLE	P	☐ DELETE	1,1 Ti							. □ Change		
NAME	STEVENSON, ARNOLD L			IAME	Ì	3.04		Bain :	RUUD			
STREET ADDRESS	223 GOLF AIRE BLVD.		+		TADDRESS	200	GOLF		0			
CITY-ST-ZIP	WINTER HAVEN FL 33884			ΠY·S	T-ZIP					Change	Addition	
TITLE	\ <u>\</u>	☐ DELETE	2.1 ∏							L. Critarige		
NAME	ROSS, ERVIN			IAME:								
STREET ADDRESS	241 GOLF AIRE BLVD.				TADDRESS							
CITY-ST-ZIP	WINTER HAVEN FL 33884				ST-ZIP					Change	Addition	
TITLE	S	☐ DELETE	3.1 T						•	Glange		
NAME	BRANDT, HENRY E		· ·	IAME	. ~	·	~~~		~ · -		ارس بمحديثين	
STREET ADDRESS	204 GOLF AIR BLVD.				TADORESS							
CITY-ST-ZIP	WINTER HAVEN FL 33884				ST-ZIP					☐ Change	Addition	
TITLE		☐ DELETE	4.1 T							□ Citailge		
NAME		•		NAME								
STREET ADDRESS					TADORESS							
CITY-ST-ZIP			_	:TY-S	T-ZIP				·	☐ Change	Addition	
TITLE	1		5.1 T	TTLE	1						☐ Madigali	

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. CITY-ST-ZIP

64 CITY-ST-ZIP

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

RNOLD STEVENSON **SIGNATURE**

Change

Addition