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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000010031 (7)

SHREE LAKE CITY, INC.

Principal Place of Business

1080 WOODCOCK ROAD SUITE 285 ORLANDO FL 32803-3514		1090 WOODCOCK ROAD SUITE 295 ORLANDO FL 32803-3514				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/31/1997	
2. Principal Place of Business		28. Mailing Address 26				4. FEI Number 59-3256890 Applied For Not Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5 Cortificate of Status Desired \$8.75 Additional	
22		27			Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	[28]	Cou	ntry		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Currer	nt Registered Agent		5 r		10. Name and Address of New Registered Agent	
	TEL, NISHA V			81	Name		
	HARRIS LAKE DRIVE		-	82	Street Add	t Address (P.O. Box Number is Not Acceptable)	
LAF	KE CITY FL 32055		-	B3			
			_				
				84	City	FI 85 Zip Code	
agent. I a SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME	Signature, typicd or printed name of registers of an OFFICERS AN PSD PATEL, NISHA V 212 HARRIS LAKE DRIVE LAKE CITY FL 32055		01E Registered 13. 1.1 TO 1.2 NA	HAger TUE MME RELLA TUE	ADDRESS	DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition	
STREET ADDRESS			2.3 ST	RELT A	ADDRESS		
CITY-ST-ZIP		T AFICYS	2. 4 CI		I-ZIP	Charge Little	
TALE		DELETÉ	3 1 111			L. J. Change L. J. Addilhor	
NAME			3.2 NA		ADDDE CO		
STREET ADDRESS			3.3 SII		ADDRESS		
CHY-ST-ZIF		DECETE	41717		11.61.	Change Addition	
NAME			4. 2 N				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			4.4 CI	1Y-SI	I-ZIP		
1πι‡	DELETE 5		5 1 111	5 1 TITLE		Change Addition	
NAME			5.2 NA	λMł			
STREET ADDRESS			5.3 \$1	REUT.	ADDRESS		
CITY-ST-ZIP			5 4 CI		1-2IP		
TITLE		DELETE	6.130			[_] Change	
NAME			6.2 NA				
STREET ADDRESS			6.3 S1	RECL	ADORESS		

City-St-ZiP

14. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.

FILED

Apr 10 1998 8:00am

Secretary of State