PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000070222

1. Corporation Name

LAKE JUNE ESTATES. INC.

ı	
	4711 CLEAR AVE
	4711 CLEAR AVE TAMPA FL 33629
	US

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90011 008 ***150.00

Principal Place	of Business	Mailing Address			[
4711 CLEAR AVE PO BOX 1969 TAMPA FL 33629 US					DO NOT WRITE IN THIS SPACE
03					3. Date Incorporated or Qualifed 08/13/1997
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number APPLIED-FOR 59-3471658 Applied For Not Applicable
Suite, Apt. /	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	9	City & State			6, Election Campaign Financing Trust Fund Contribution 5.00-May Be Added to Fees
Zip 24	Country 25	Zip [3	Cour	try	8. This corporation owes the current year Intangible Personal Property Tax.
	9 Name and Address of Curre				10. Name and Address of New Registered Agent
	NEWEIN, JONATHAN P E KENNEDY BLVD SUITE 3700			81 Name 82 Street Ad	dress (P.O. Box Number is Not Acceptable)
			-		
IAM	PA FL 33602		1	83	
			ŀ	84 City	85 Zip Code
					FL }
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	inorizea	by the corbora	rporation submits this statement for the purpose of changing its registered stion's board of directors. I hereby accept the appointment as registered
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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 suppliemental 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 configuration or the receiver of 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 thangood or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5 4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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Change

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Addition