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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000089959

1. Corporation Name

SOUTH LAKE CENTER INC

May 04, 1999 8:00 am Secretary of State 05-04-1999 90153 047 ***150.00

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Principal Place		•								-
1958 BRANTLEY CIRCLE PO BOX 423189 CLERMONT FL 34771 KISSIMMEE FL 34742 US							DO NOT WRI	TE IN THIS	SPACE	
	*	US				3. Date Incorporate	d or Qualifed			
						10/20/1997	•			,
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Ap	plied For
21		26				_59-3487629			No	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					;		\$8.75 A	Additional
22		27			5. Certifcate of Sta	ius Desirea		Fee Re	quired	
City & State	e	City & State				6. Election Campai	gn Financing		\$5.00	May Be
23		28				Trust Fund Cont	ribution		Added t	o Fees
Zip	Country	Zip Country				8. This corporation owes the current year Intangible				
24	25	29	30			Personal Proper		<u>-</u> -	☐Yes	□No
. 1	9. Name and Address of Curren	t Registered Agent				10. Name and Add	ress of New F	Registered	Agent	
			1	81 Na	me					
ralston, stephen 220 monument ave, ste d				82 St	eet Addre	Address (P.O. Box Number is Not Acceptable)				
		UZ Sileet Addit				<u> </u>				
KISS	SIMMEE FL 34741			83						
			ļ.	84 Cit	·				85 Zip C	Code
,	•				-			FL	<u> </u>	
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Such change was a	uthorized	hy the o	ned corpo corporation	oration submits this sta on's board of directors.	tement for the I hereby accer	purpose of t the appoir	changing its itment as re	registered gistered
agent. I ar	m familiar with, and accept the obliga	tions of Section 607.0505, Flo	rida Statut	tes.				/		
SIGNATURE	2000c	M						<u>-23 -</u>	78	
						4 4				
	Signature, typed or printed name of registered age			Agent signa	ture required	when reinstating)	NGES TO OF	FICERS AN	D DIRECTO	RS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.		ture required	a when reinstating) ADDITIONS/CHA	NGES TO OF	FICERS AN		PRS IN 12
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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 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: