

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 # P98000051935

1. Corporation Name

LAKE SUPERIOR MERGER CORPORATION

Principal Place of Business

C/O HOLLAND & KNIGHT
400 N ASHLEY DR STE 2300
TAMPA FL 33602

Mailing Address

C/O HOLLAND & KNIGHT
400 N ASHLEY DR STE 2300
TAMPA FL 33602

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt #, etc.

26

Suite, Apt #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

g. Name and Address of Current Registered Agent

30

INTRASTATE REGISTERED AGENT INC
701 BRICKELL AVE STE 3000
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE [] DELETE

NAME MUSTO, MICHAEL L

STREET ADDRESS 400 N ASHLEY DR STE 2300

CITY-STATE-ZIP TAMPA FL 33602

12 TITLE [] DELETE

NAME PLANTE, PAUL A

STREET ADDRESS 400 N ASHLEY DR STE 2300

CITY-STATE-ZIP TAMPA FL 33602

13 TITLE [] DELETE

NAME ADAMS, LEGIH A

STREET ADDRESS 400 N ASHLEY DR STE 2300

CITY-STATE-ZIP TAMPA FL 33602

14 TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

15 TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

16 TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

17 TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99

813-854-2351

FILED

99 MAR 23 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1998

4. FEI Number

59-3548245

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 owes the current year Intangible
Personal Property Tax [] Yes [X] No

10. Name and Address of New Registered Agent

CR2E034 (11/98)