## 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 # **P98000068623**1. Corporation Name

INDIAN LAKE HOMES, INC.

Principal Place of Business								
11 N. LANTANA DR.								
INDIAN LAKE EST EL 33855								

Mailing Address

P.O. BOX 7830

INDIAN LAKES EST FL 33855

## FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90110 020 \*\*\*150.00



						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						08/03/1998			
2. Principal Pl	ace of Business	_2aMailing Address				4. FEI Number Applied F		olied For	
21	26				— <del></del>	59-3547871	No	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, e							\$8.75 A		
22						5. Certifcate of Status Desired	Fee Re		
City & State City & State						6. Election Campaign Financing	\$5.00	May Re	
_ `	28					Trust Fund Contribution	Added to		
23	Country Zip			Country		This corporation owes the current year Ir		1	
Zip		<del></del>				Personal Property Tax.		No	
24	25	<u> </u>	30	1		<u> </u>			
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name									
ALLE	N ELICENE			"	Maille				
	N, EUGENE			82 Street Address (P.O. Box Number is Not Acceptable)					
	. LANTANA DR.	•				·	·		
INDIAN LAKE EST. FL 33855				83			1		
				-	-	<del>`</del> <del>`</del>	85 Zip C	· odo	
		•		84	City	F	85 Zip C	oue	
11 Burning	to the pravisions of Sections 607 0502	and 607 1508 Florida Statute	es the a	hove-r	named corpo	oration submits this statement for the purpose of	f changing its	registered	
office of n	onictored agent or both in the State of	' Florida - Such change was a	uthonzeo	d by th	e corporation	n's board of directors. I hereby accept the appoint	ointment as reg	jistered	
agent. La	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Stat	tutes.		•			
SIGNATURE						when reinstating) DATE			
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.						ADDITIONS/CHANGES TO OUT ICENOR	Change	Addition	
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NAME			2.2 N	IAME					
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NAME			6.2 N	IAME	İ				
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J									

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: