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**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P98000083759

| Principal Flace of oc | ١ |
|-----------------------|---|
| 1365 GINGER CIRCLE    |   |
| WESTIN FL 33326       |   |

## Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90184 014 \*\*\*150.00

| 1. Corporation   | n Name  | <del></del>                     |                                |  |  | 1   |                                 |                                  |                                |  |                 |
|--|---|---------------------------------|--------------------------------|--|--|---|---------------------------------|----------------------------------|--------------------------------|--|-----------------|
| LAKE VILLA PROPERTIES, INC.  |   |                                 |                                |  |  | į   |                                 |                                  |                                |  |                 |
| Ç. 4.C. 7.0  |   |                                 |                                |  |  | T I I I I I I I I I I I I I I I I I I I       | RAN KUA KANTI KANTI BAKKA BA    | III <b>Ha</b> ri <b>i ar</b> i u |                                | NISTA PREP TRAN                              |                 |
|  |   |                                 |                                |  |  |   |                                 |                                  |                                | Läit itti lätt                               |                 |
| Principal Place  | e of Business   | Mailin                          | g Address                      |  |  |   | RET 369 I Brat I Bibli GMILL AV | isi ebili Athiri I.              | BIER PINT JEDAN                | Athin 1947 (AB)                              |                 |
| 1365 GINGER CIRCLE 1365 GINGER CIRCLE  |   |                                 |                                |  |  |   |                                 |                                  |                                |  |                 |
| WESTIN FL 33326 WESTIN FL 33326  |   |                                 |                                |  |  | DO NOT WRITE IN THIS SPACE                    |                                 |                                  |                                |  |                 |
|  |   |                                 |                                |  |  |   |                                 | IE IN THIS                       | SPACE                          |  | ı               |
|  |   |                                 |                                |  |  | 3. Date Inco                                  | rporated or Qualifed<br>000     |                                  |                                |  |                 |
|  |   | T- 14                           |                                |  |  | 4. FEI Numb                                   |                                 | <del></del>                      | J. An                          | plied For                                    |                 |
|  | lace of Business  | <b>├</b> ──र                    | ailing Address                 |  |  | 4. FEI NEM                                    | •                               |                                  |                                | Applicable                                   |                 |
| 21   |   | 26                              | rite, Apt. #, etc.             | _  |  | <del></del>                                   |                                 |                                  | \$8.75                         |  |                 |
| Suite, Apt.  | w, etc.   | 27                              | 1110, PHI. 11, SIG.            |  |  | 5. Certificate                                | of Status Desired               |                                  | Fee Re                         |  | -               |
| City & State   | A   |                                 | ity & State                    |  |  | 6. Election C                                 | ampaign Financing               |                                  | \$5.00                         | мау Ва                                       |                 |
| 23   |   | 28                              | •                              |  |  | 1 '   | d Contribution                  |                                  | Added t                        | o Fees                                       | )               |
| Zip  | Country   | = Zi                            | p                              | Cou  | intry  | 8. This corpo                                 | nation owes the cun             | ent year Inte                    | ngib <del>ia</del>             |  |                 |
| 24   | 25  | 29                              |                                | 30   |  |   | Property Tax.                   |                                  | ☐ Yes                          | □No  |                 |
|  | 9. Name and Address of Current  | t Registere                     | ed Agent                       |  |  | 10. Name and                                  | d Address of New I              | Registered A                     | \gent                          |  | 1               |
|  | DAMO AMBRONIA   |                                 |                                |  | 81 Name  |   |                                 |                                  |                                |  | ļ               |
|  | RANO, ANDREW J  |                                 |                                |  | 82 Street Ad   | dress (P.O. Box No                            | Imber is Not Accept             | able)                            |                                |  | 1               |
|  | e, Kennedy Blvd.  |                                 |                                |  |  |   |                                 |                                  |                                |  |                 |
|  | TE 3700<br>IPA FL 33602   |                                 |                                |  | 83   |   |                                 |                                  |                                |  | }               |
| 1 AM   | IFA FL 33002  |                                 |                                |  | 84 City  | <del> </del>                                  | ··                              | FL                               | 85 Zip (                       | Code   | 1               |
|  |   |                                 |                                |  | <u>!</u>   |   | is statement for the            | 01100000                         | transion its                   | renistered                                   | ł               |
|  | to the provisions of Sections 607.0502 registered agent, or both, in the State of   |                                 |                                |  |  | rporation submits di<br>ation's board of dire | ctors, I hereby acce            | pt the appoin                    | iment as re                    | gistered                                     |                 |
|  |   |                                 |                                |  |  |   |                                 |                                  |                                |  |                 |
| agent. I a   | registered agent, or ooth, in the State of<br>Irn familiar with, and accept the obligati  | tions of, Se                    | ction 607.0505, Flo            | ida Stat   | lutes.   |   |                                 |                                  |                                |  |                 |
| agent. I a   | im tamiliar with, and accept the ooligal  | uons or, se                     |                                | 102 044  |  |   |                                 | DATE                             |                                |  | <u>~</u>        |
| agent. I a   | Signature, typed or printed hame of registered agent  | t and little If app             | plicable (NOTE:                | 102 044  | Lutesi.<br>d Agent signature requ  | wed when reinstating)                         | S/CHANGES TO OF                 | DATE                             |                                | RS IN 12                                     | (86)            |
| agent. I a<br>SIGNATURE<br>12.   | Signature, typed or printed name of regestered agent  | t and little If app<br>D DIRECT | picable (NOTE                  | Registered   | d Agent signature requ   | wed when reinstating)                         |                                 | DATE                             |                                |  | (11/98)         |
| signature  12.   | Signature, typed or printed name of registered agent OFFICERS AND Pressident , VP, Sec. , Rocet J. Bould                            | t and title If app<br>D DIRECTO | picable (NOTE                  | Registered   | d Agent signature requ   | wed when reinstating)                         |                                 | DATE                             | D DIRECTO                      | RS IN 12                                     | 134 (11/98)     |
| agent. I a SIGNATURE  12. TITLE NAME   | Signature, typed or printed name of registered agent OFFICERS AND Pressident , VP, Sec. , Rocet J. Bould                            | t and title If app<br>D DIRECTO | picable (NOTE                  | 13.<br>1.1 Ti  | d Agent signature requ   | wed when reinstating)                         |                                 | DATE                             | D DIRECTO                      | RS IN 12                                     | 2E034 (11/98)   |
| SIGNATURE  12. TITLE NAME STREET ADDRESS   | Signature. Typod or printed name of registered agent OFFICERS AND President, VP, Sec., Bret J. Boyd 1365 6 inger Circ               | t and title If app<br>D DIRECTO | picable (NOTE: ORS F. DELETE   | Registered<br>13.<br>1.1 Ti<br>1.2 Ni<br>1.3 S   | d Agent signishine nequ<br>ITLE  | wed when reinstating)                         |                                 | DATE                             | D DIRECTO                      | RS IN 12                                     | CR2E034 (11/98) |
| agent. I a SIGNATURE  12. TITLE NAME   | Signature. Typod or printed name of registered agent OFFICERS AND President, VP, Sec., Bret J. Boyd 1365 6 inger Circ               | D DIRECT                        | picable (NOTE: ORS F. DELETE   | Registered<br>13.<br>1.1 Ti<br>1.2 Ni<br>1.3 S   | of Agent signature required to the signature required to the signature requirement of the signature req | wed when reinstating)                         |                                 | DATE                             | D DIRECTO                      | RS IN 12                                     | CR2E034 (11/98) |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Signature. Typod or printed name of registered agent OFFICERS AND President, VP, Sec., Bret J. Boyd 1365 6 inger Circ               | D DIRECT                        | picable (NOTE) ORS F. DELETE   | Registered<br>13.<br>1.1 Ti<br>1.2 No<br>1.3 S<br>1.4 C  | of Agent signature requirements  TILE  AME  TREET ADDRESS  ITY-ST-ZIP  TITLE   | wed when reinstating)                         |                                 | DATE                             | D DIRECTO                      | RS IN 12                                     | CR2E034 (11/98) |
| SIGNATURE  12. TILE NAME STREET ADDRESS CITY-ST-ZIP TILE   | Signature. Typod or printed name of registered agent OFFICERS AND President, VP, Sec., Bret J. Boyd 1365 6 inger Circ               | D DIRECT                        | picable (NOTE) ORS F. DELETE   | Registered 13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N   | of Agent signature requirements  TILE  AME  TREET ADDRESS  ITY-ST-ZIP  TITLE   | wed when reinstating)                         |                                 | DATE                             | D DIRECTO                      | RS IN 12                                     | CR2E034 (11/98) |
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14. I hereby certify that the information supplied with this filling 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 affect as if made under eath; 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.