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 # P98000098072

1. Corporation Name

JOHNS LAKE ESTATES, INC.

Principal Place of	Business	Mailing Add	Iress								••••••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2281 LEE RD., STE. 103 2281 LEE RD., STE. 103													
WINTER PARK FL 32789 WINTER PARK FL 32789							-		п	O NOT WE	RITE IN TH	IIS SPACE	
								3. Date Inc.	orporated			<u></u>	
2. Principal Place	e of Business	2a. Mailing	Address				-	4. FEI Num	ber	544	1186		plied For t Applicable
Suite, Apt. #,	etc.	Suite, A	Suite, Apt. #, etc.					5. Certifcate	of Statu	s Desired		\$8.75 A	quired
City & State			City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip	Country	Zip	· · · · · · · · · · · · · · · · · · ·					8. This corp	oration o	wes the cu	rrent year	Intangible	
24	25		29 30					Personal Property Tax. Yes No					
	9. Name and Address of Curr	ent Registered Ag	jent				1	0. Name a	nd Addre	ss of New	Registere	ed Agent	
					81	Name							Ì
avery, dell 2281 Lee Rd., Ste. 103					82	Street	Address	(P.O. Box N	lumber is	Not Accep	otable)	-	
WINTE	R PARK FL 32789				83							· -	
					84	City					F	85 Zip (Code
office or regi agent. I am I SIGNATURE	the provisions of Sections 607.0 stered agent, or both, in the Sta amiliar with, and accept the obli	ite of Florida. Such igations of, Section	change was at 607.0505, Flor	ithonzeo ida Stat	d by utes.	tne corpo	oration's	board of dir	this state ectors. I	ment for the hereby according	ne purpose ept the ap	of changing its pointment as re	registered gistered
				Registered	Agent	signature r	required who	en reinstating)	IS/CHAN	CES TO C		AND DIRECTO	RS IN 12
12.	OFFICERS						1		$\overline{}$	_ <u>^</u>		Cc Change	Addition
TITLE				1.1 TI 1.2 N		•	TNE	ey, DEL Lee Ri	CTE	10.3	leal-pit	NO 10 PE	_
NAME						ADDRESS	3281	Lee ke	ノハレ	10)			\ \
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TITLE			—					Kiewicz		ULEY T			ŀ
NAME				2.2 N		ADDRESS	MICT	ree be	576	148			
STREET ADDRESS					ITY-S			m fork	1 F(2	2787			
CITY-ST-ZIP TITLE			DELETE	3.1 Ti		1-21	#J (~	MI IMI		1010		☐ Change	☐ Addition
NAME				3.2 N									ì
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP					CITY-S								
TITLE			DELETE	4.1 T			· · · ·					☐ Change	☐ Addition
NAME				4.21	IAME								
STREET ADDRESS				4.3 S	TREET	ADDRESS						•	}
CITY-ST-ZIP				4,4 C	ITY-\$1	r- ZIP	1						
TITLE			DELETE	5.1 T								☐ Change	☐ Addition
NAME				5.2 N	AME								Ì
STREET ADDRESS				5.3 S	TREET	ADDRESS							Ì
CITY-ST-ZIP				5.4 C	ITY-S1	r-ZIP							
TITLE			☐ DELETE	6.1 T	ITLE							Change	☐ Addition
NAME				6.2 N	IAME								
STREET ADDRESS				6.3 S	TREET	ADDRESS							

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 Charged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90206 020 ***150.00