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 # P98000100773 1. Corporation Name

LAKEVIEW ALF ENTERPRISES, INC.

Principal Place of Business		Mailing Address			######################################		88 (III) I U BI
3833 S.W. 33RD STREET		3833 S.W. 33RD STREET					
HOLLYWOOD FL 33023		HOLLYWOOD FL 33023	HOLLYWOOD FL 33023		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or C		- SFAUL	
				12/03/1998	idaliied		
2 Oringinal D	lace of Business	2a. Mailing Address		4. FEI Number		App!	lied For
— ·	lace of business	26		65-088-2	816	 	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Ad	ditional -
22		27		5. Certifcate of Status De	sired 🖃	Fee Req	uired
City & State		City & State		6. Election Campaign Fin	ancing	\$5.00 N	fay Be
23		28	28		n	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes	the current year Inta		.
24	25	29 3	30	Personal Property Tax			□No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of	f New Registered	Agent	
EII BM	CS INC		81 Name	A)ricia	CAUZZO)	
FILINGS, INC. 3732 N.W. 16TH STREET				Idress (P.O. Box Number is Not	Acceptable)	•	
FT. LAUDERDALE FL 33311-4132				30 N, 65 19	1700		
FI. LAUDERDALE FL 33311-4132			83				
			84 City	Ollywood	FL	85 Zip Co	624
At Discount 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 or directors. I neterly accept the appointment as registered							
	Vataine	Sense of 1	Drendent	<i>L</i>	2-13	3-49	
SIGNATURE	Signature, typed or printed name of registered ag	ent and little if applipation / (NOTE: I	Registered Agent signature requ		DATE		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTOR Change	Addition
TITLE	D	☐ DELETE	1.1 TITLE	P/D SCAUZZO, PAT 3833 S.W. 336	_	Change	LT AUGULOU
NAME	SCAUZZO, PAT		1.2 NAME	2017 S.W. 33	DSTREET		
STREET ADDRESS	3833 S.W. 33RD STREET		1.3 STREET ADDRESS	HOLLYWOOD FL	33023	_	İ
CITY-ST-ZIP	HOLLYWOOD FL 33023	D DELETE	1.4 (1.1 (1.2.)	10.12		enange	Addition
TITLE	D	☐ DELETE	2.1 TITLE	VP/D MARTIN, RITA, 3833 S.W. 33	,		- ·
NAME	MARTIN, RITA		2.2 NAME	$\gamma \gamma $	id street		
STREET ADDRESS	3833 S.W. 33RD STREET		2.3 STREET ADDRESS	HOLLY WOOD FL	33023		Ì
CITY-ST-ZIP	HOLLYWOOD FL 33023	☐ DELETE		HUIT TOOD I'M	000,	Change	Addition
TITLE		☐ DELETE	3.1 TITLE				
NAME	i		3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4, CITY-ST-ZIP 4.1 TITLE		<u>-</u>	[] Change	Addition
TITLE			4.1 MLE 4.2 NAME				
NAME							
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			☐ Change	Addition
TITLE			5.2 NAME		•	_ -	·
NAME STREET ADDRESS			53 STREET ADDRESS				
			5.4 CITY-ST-ZIP				ļ
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	4,		☐ Change	Addition
NAME			6.2 NAME				
CTDEET ADDOESS			6.3 STREET ADORESS				

SIGNATURE:

STREET 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 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90224 024 ***158.75

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