## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999

LAKE HOLDING, INC.

Principal Place of Business

1105 KENSINGTON PARK DR

ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

Suite. Apt. #. etc.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S64966** 1. Corporation Name

200 Weathersfield Ave

026461

2335 Canders Road Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

27

1105 KENSINGTON PARK DR.

ALTAMONTE SPRINGS FL 32714

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90050 001 \*\*\*150.00



3. Date Incorporated or Qualifed

5. Certificate of Status Desired

07/03/1991

59-3111756

4. FEI Number

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

City & Stat	te	City & State			- 6. Election	Campaign Financing	\$5.00	May Be	
Altam	nonte Springs, FL	28 Northbro	28 Northbrook,-1			Trust Fund Contribution		Added to Fees	
Zip	Country	Zip	Cou	intry	8. This corp	oration owes the current	year Intangible		
. 32714	25	60062	30		Personal	Property Tax.	Yes	□No	
	9. Name and Address of Curre	nt Registered Agent			10. Name ar	nd Address of New Reg	istered Agent		
104	AIDEC IOUN E			81 Name	CT Corporat	ion System			
LOWNDES, JOHN F. 215 NORTH EOLA DRIVE				82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road					
				Jan 1991	1200 S. Pin	e Island Road	i'		
ORL	ANDO FL 32801			83					
				94 City			log Zin 4	2-4- 1	
				84 City	Plantation		FL  85   Zig 5	39124	
	to the provisions of Sections 607.05								
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was ations of Section 607 0505.	s authorized	t by the corpo	pration's board of dire	ectors. I hereby accept the	ne appointment as re	gistered	
_	m lammar war, and docept the oblig-	adono 61, Occion 607.0000, 1	r lorida oldi	atos.					
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NO	OTE: Registered	Agent signature r	equired when reinstating)		DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITION	IS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12	
TITLE	DC	XXX DELETE	1.1 177	TLE	CEO	<u></u>	XIXIX hange	Additio	
IAME	MANDELL, LESTER N.		1.2 NA	AME	Camaren, J	ames			
STREET ADDRESS	1105 KENSINGTON PARK DR.	-	1.3 ST	REET ADDRESS	2335 Sande	rs Road			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			TY-ST-ZIP	Northbrook				
TITLE	D	XXIXI DELETE	2.1 TI		VS	, -2000-	XXX hange	Additio	
VAME	LOWNDES, JOHN F.		2.2 NA		Dopuch, An	drew	AXX		
STREET ADDRESS	215 NORTH EOLA DR.			REET ADORESS .	2335 Sande:				
'	ORLANDO FL		1	ITY-ST-ZIP	Northbrook				
CITY-ST-ZIP FITLE	P	XXXDELETE	3.1 TIT		P	, 15 00001	XIXIX hange	Addition	
VAME	MANDELL, ROBERT A	TILLI DECE, E	3.2 ÑA		-	7	2021/2010190		
· · · · · ·	1105 KENSINGTON PARK DR				Schumacher 2335 Sander	, Lawrence			
STREET ADDRESS	ALTAMONTE SPRINGS FL			REET ADDRESS					
CITY-ST-ZIP	ALIAMONIE SPAINGS PL	[] OCUETE		ITY-ST-ZIP	Northbrook	, IL 00062	Change	VIVIA delitio	
TITLE .		☐ DELETE	4.1 TR		VP		Change	XXX dditio	
NAME			4.2 N		Wenz, Carl				
STREET ADDRESS			4.3 ST	REET ADDRESS	2335 Sande:				
CITY-ST-ZIP				TY-ST-ZIP	Northbrook	, IL 60062			
TTLE		☐ DELETE	5.1 TII				Change	Additio	
IAME			5.2 NA						
TREET ADDRESS			5.3 ST	REET ADDRESS					
CITY-ST-ZIP				TY-ST-ZIP	<u>.</u>				
TITLE		☐ DELETE	6.1 111	nle .	- <del>-</del>		☐ Change	☐ Addition	
			6.2 NA	ME					
THE=   ADDRESS	5.5 A.		6.3 ST	REET ADDRESS					
ST-ZIP			^ 4 C⊓	TY-ST-Z					
	certify that the information supplied w	ith this filing does not qualify	for the exer	motion stated	in Section 119.07(3)	Vi) Florida Statutes I fur	ther certify that the in	formation	

indicated on this annual report or supplied with an angular profit of the exemption stated in Section 119.07(5)(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 a placement with an address, with all other like empowered.

SIGNATURE