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PROFIT

SIGNATURE:

Apr 24 1998 8:00am **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # (9) S70638 LAKEWOOD HOMES, INC. Principal Place of Business Mailing Address 11201 NW 26 DR 11201 NW 26 DR CORAL SPRINGS FL 33065 **CORAL SPRINGS FL 33065** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/05/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0283352 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 10 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. X Yes ☐ No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GENTLE, DOMINICK 11201 N.W. 26 DR. 82 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33065 83 84 City Zin Code 11. Pursuant to the provisions of Socions 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 of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1 1 TITLE Change Addition GENTILE, DOMINICK NAME 1.2 NAME CR2E034 11201 NW 266 DR STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-7IP 14 CITY - ST - ZIP DELETE Change Addition TITLE SEC 2.1 TITLE GENTILE, BENJMIAN 2.2 NAME NAME 112011 NW 26 DR STREET ADDRESS 2.3 STREET ADDRESS **CORAL SPRINGS FL** 2.4 CITY-ST-2IP CITY-ST-ZIP DELETE Change ■ Addition TITLE 3 1 TIME NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE Change ☐ Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Channe Addition 5.1 TIFLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME **B.2 NAME** STREET ADORESS **6.3 STREET ADORESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP 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 roport 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 chapped, or on an attachment with an address.

Gentilo Lass

FLORIDA DEPARTMENT OF STATE

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