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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morthy Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V13187 (2)

1. Corporation Name
LARGO LAKES INVESTMENT CORP.

Principal Place of Business 1617 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33407	Mailing Address 1617 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33407
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/11/1992	3a. Date of Last Report 06/20/1994
4. FEI Number 65-0311445	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.095, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 <i>P.O. Box 33209</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 <i>Palm Beach Gardens, FL</i>
Zip 24	Country 25
Zip 29 <i>33420</i>	Country 30 <i>USA</i>

9. Name and Address of Current Registered Agent

GRANDJEAN, JEAN-MICHEL
767 FORESTERIA AVE.
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name *Marian Pearlman Nease*
82 Street Address (P.O. Box Number is Not Acceptable) *5355 Town Center Rd*
83 *Suite 801*
84 City *Boca Raton* **85 Zip Code** *FL 33486*

11. Pursuant to 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 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 *Marian Pearlman Nease* DATE *1/13/95*

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE PD	NAME ROTHPLETZ, ROLAND
STREET ADDRESS 1617 NORTH FLAGLER DRIVE	
CITY - ST - ZIP WEST PALM BEACH FL 33407	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE PD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2. NAME ROTHPLETZ ROLAND	
3. STREET ADDRESS PO BOX 33209 (N/A)	
4. CITY - ST - ZIP PBG, FL 33420	
2. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
3. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
4. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4. NAME	
4. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5. NAME	
5. STREET ADDRESS	
5. CITY - ST - ZIP	
6. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6. NAME	
6. STREET ADDRESS	
6. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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.

SIGNATURE: *Rothpletz* DATE *4/6/95*

(Signature and typed or printed name of signing officer or director)