FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V32796** **(7)**

1. Corporation Name

LAKE FOREST ASSOCIATES, INC.

Principal Place of Business	Mailing Address
10001 W. OAKLAND PARK BLVD. SUITE 101 SUNRISE FL 33351	10001 W. OAKLAND PARK BLVD. SUITE 101 SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/28/1992
3a. Date of Last Report: 06/14/1994

2. Principal Place of Business	2a. Mailing Address
21 1700 N. University Dr	26 1700 N.University Dr.
Suite, Apt. #, etc. 22 Ste. 100	Suite, Apt. #, etc. 27 Ste. 100
City & State 23 Coral Springs, Fl	City & State 28 Coral Springs, Fl
Zip / Country 24 33071 / 25 Broward	Zip / Country 29 33071 / 30 Broward

4. FEI Number: 65-0330139 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARGO, NEAL 10001 W. OAKLAND PARK BLVD. SUITE 101 SUNRISE FL 33351	81 Name: Margo, Neal 82 Street Address (P.O. Box Number is Not Acceptable): 1700 N. University Drive 83 Ste. 100 84 City: Coral Springs FL 85 Zip Code: 33071

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: Neal Margo, President DATE: 4/25/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☑ Change ☐ Addition
NAME	MARGO, NEAL	12 NAME	Margo, Neal
STREET ADDRESS	10001 W. OAKLAND PK BLVD	13 STREET ADDRESS	1700 N. University Drive Ste. 100
CITY-ST-ZIP	SUNRISE FL	14 CITY-ST-ZIP	Coral Springs, Fl.
TITLE	D	21 TITLE	D ☑ Change ☐ Addition
NAME	KLEMOW, HAROLD	22 NAME	Klemovw, Harold
STREET ADDRESS	10001 W. OAKLAND PK BLVD	23 STREET ADDRESS	1700 N. University Dr. Ste. 100
CITY-ST-ZIP	SUNRISE FL	24 CITY-ST-ZIP	Coral Springs, Fl.
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Neal Margo, President 4/25/95 (305)752-1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0240220 CP