FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS V37819 DOCUMENT # LAKESIDE SALES, INC. Principal Place of Business Mailing Address 2156 OKEECHOBEE BLVD. 800 N. FLAGLER DRIVE W. PALM BEACH FL 33409 WEST PALM BEACH FL 33401 3. Date Incorporated or Qualified 3a. Date of Last Report 05/20/1992 06/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 26 65-0348810 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. 22 \$8.75 Additional 5. Certificate of Status Desired 27 City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Ζıρ Added to Fees Country Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ARSENAULT, GERARLD A 2156 OKEECHOBEE BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 W. PALM BEACH FL 33409 83 84 City Zip Code 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 familiar with, and accept the obligations of Section 607.0505, Florida Statutes Stignature, bysed or printed memoral registerical argent and other appropriate (NOTE: Registered Agent signal are required when runistating) DATE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (12/95)TIFLE DELETE 1 1 DELE Change Addit on NAME DEAN, GIFFORD R. 1.2 NAME 2156 OKEECHOBEE BLVD. STREET ADDRESS CR2E034 1.3 STREET ADDRESS W. PALM BEACH FL CITY - ST - ZIP 1.4 CITY - \$1 - 712 TITLE DELETE 2.1 THE ☐ Change ☐ Addition ARSENAULT, GERARLD A NAME 2.2 NAME STREET ADDRESS 2156 OKEECHOBEE BLVD. 23 STREET ADDRESS W. PALM BEACH FL CITY-ST-ZIP 2.4 CITY - ST - ZIP TITLE DELFTE 3 1 THILE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1 - ZIP TITLE DELETE 4 ' TI'LE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 CITY-\$1-7P TITLE DELETE 5 1 TITLE ☐ Change NAME ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE [] DELETE 6 1 TITLE Change Addition Addition NAME 6.2 NAME STREET ADDRESS

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supply rightal annual report is true and accurate and that my signature shall have the same logal effect as if made under appears in Block 12 or Block 13 if charged, or on an attachment with an address.

6.3 STREET ADDRESS

64 CHTV - ST- 7IP

SIGNATURE:

CITY - ST- ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (407)655-3/13