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

PROFIT CORPORATION ANNUAL REPORT

1997



agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V72144

(1)

LAKE ASSOC. INC.

Principal Place of Business

Mailing Address

3518 JENNIE JEWEL PL.

3516 JENNIE JEWEL PL

FILED

Apr 18 1997 8:00am

Secretary of State

orlando fl 32806 Us	ORLANDO FL 32806-6260 US	ORLANDO FL 32806-6260 US					
				3. Date Incorporated or Qualified	3a. Date of	Last Report	
					10/15/1992 04/12/1996		
2. Principal Place of Business	28. Mailing Address	2s. Mailing Address		4. FEI Number		Applied For	
1 35/6 Sevail	- Swel 706 35/6 241	ص و	Jacol 7	59-3147317		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State 3 Outquelo	City & State	1		Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
	1 com 29 37806 30 c	Country Ou	· sep	8. This corporation has liability for in Florida Statutes	ntangible tax i Yes \[\] No		
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
PRESTON, BRUCE		81	Name				
3516 JENNIE JEWEL PL ORLANDO FL 32806		82	2 Street Address (P.O. Box Number is Not Acceptable)				
01.21.00 1.2 3.200		83				1	
		B4	City		FL 8	5 Zip Code	
11. Pursuant to the provisions of S	ections 607.0502 and 607.1508, Florida Statutes, the	e above	e-named corpo	pration submits this statement for the p	urpose of cha	nging its registered	

SIGNATURE Signature, typed or prieturi name of registured 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 DELETE Change ☐ Addition 1814 1.1 TITLE PRESTON, BRUCE NAME 1.2 NAME 3516 JENNIE JEWEL PL STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CrTY - ST - ZIP 1.4 CITY - ST-ZIP DELETE Change Addition THILE 21 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CHY-ST-20P 2. 4 CITY - ST - ZIP DELETE 31 TITLE Change Addition NAMi 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 70° 3.4 CITY-ST-ZIP DELETE Change Addition THE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CHY-ST-ZIP DELETE Addition 5.1 TITLE Change THLE 5.2 NAME NAME SPREEL ADDRESS 5.3 STREET ADDRESS 54 CHY-ST-ZIP DELETE Change Addition 6.1 TITLE

14. To othercby certily 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 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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

100

STREET ADDRESS

Daytime Phone #