PROFIT CORPORATION ANNUAL REPORT

1999 -



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V72144

1. Corporation Name

LAKE ASSOC, INC.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90156 037 ***150.00



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Principal Place	of Business	Mailing Address			
3516 JENNIE JE	EWEL PL	3516 JENNIE JEWEL PL.			
ORLANDO FL 32806		ORLANDO FL 32806			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualifed
					1 -
					10/15/1992
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-3147317 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5: Certificate of Status Desired - Fee Required
22	ب بريمختي د	27			ree Required
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	_ Country	/	8. This corporation owes the current year Intangible
24	25	29 30)		Personal Property Tax. Yes No
	9. Name and Address of Currer	nt Registered Agent		,	10. Name and Address of New Registered Agent
			81	Name	ne :
	STON, BRUCE		92	Strop	et Address (P.O. Box Number is Not Acceptable)
	I JENNIE JEWEL PL	82 Street A		1 3000	ot radicas (r. a., box radinsor is recensorbusis)
ORLA	ANDO FL 32806		83	1	
			<u> </u>	ļ	lock 7- O-4-
	•		84	1	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the abov	e-name	ed corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State m faceing with and accept the obliga	of Florida, Such change was allif	ionzea oi	ine cor	reporation's board of directors. I hereby accept the appointment as registered
	III lata accept the obligation				11/12/94
SIGNATURE	11-1101-	- 1-40			ure required when reinstating) DATE
	Securations, typed or printed dame of redistered acre	ant and title applicable. (NOTE: RI	egistereu Age	int signaturi	(equiled which remaissurg)
12.	Signature, typed or printed name of registered age OFFICERS AN		13.	int signatur	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	ND DIRECTORS DELETE		int signatur	
TITLE	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	P PRESTON, BRUCE	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	P PRESTON, BRUCE 3516 JENNIE JEWEL PL	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESTON, BRUCE	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5	T ADDRES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition SS
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 13 if changes, or on an attachment with an address, with all other like empowered.