

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **575083** (1)
1. Corporation Name
LIGHTHOUSE POOLS, INC.



Principal Place of Business: **1723 NW 33RD STREET POMPANO BEACH FL 33064-8327**
Mailing Address: **1723 NW 33RD STREET POMPANO BEACH FL 33064-8327**

3. Date Incorporated or Qualified: **06/08/1978**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **59-1848096**
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

2. Principal Place of Business: 21
2a. Mailing Address: 26 **4640 N. Powerline Rd**
Suite, Apt. #, etc.: 22
City & State: 23 **Pompano Beach, FL**
Zip: 24 **33073** Country: 25 **US**

g. Name and Address of Current Registered Agent
**HOERNIGK, ROBERT HERMANN
1723 NW 33RD STREET
POMPANO BCH 33064-8327**

10. Name and Address of New Registered Agent
b1 Name
b2 Street Address (P.O. Box Number is Not Acceptable)
b3
b4 City **FL** b5 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 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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	HOERNIGK, ROBERT HERMANN	
STREET ADDRESS	1723 NW 33RD ST	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	SDV	<input type="checkbox"/> DELETE
NAME	HOERNIGK, KAY FRANCIS	
STREET ADDRESS	1723 NW 33RD ST	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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, 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 checked, or as an attachment with an address.

SIGNATURE: R. Hoernigk SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/30/96 Daytime Phone #: 9737370

CR2E034 (12/95)