

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 587891

1. Corporation Name
OLDE LIGHTHOUSE REALTY, INC.

Principal Place of Business Mailing Address
250 GULF BREEZE PKWY. SAME
GULF BREEZE, FLORIDA 32501

3. Date Incorporated or Qualified **September 25, 1978** 3a. Date of Last Report **4/28/96**

2. Principal Place of Business 21 250 Gulf Breeze Pkwy.	2a. Mailing Address 26 250 Gulf Breeze Pkwy.	4. FEI Number 591902575	Applied For Not Applicable
State, Apt #, etc. 22 #1	Suite, Apt #, etc. 27 #1	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 Gulf Breeze, FL	City & State 28 Gulf Breeze, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 32501	Country 25	Zip 29 32561	Country 30
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Margaret R. Mang
112 Highpoint Dr.
Gulf Breeze, Florida 32501

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President, Secy. & Treas. <input type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME Margaret R. Mang	13 STREET ADDRESS
NAME Margaret R. Mang	14 CITY-ST-ZIP	STREET ADDRESS 250 Gulf Breeze, PKWY.	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP Gulf Breeze, FL.	22 NAME	CITY-ST-ZIP Gulf Breeze, FL.	23 STREET ADDRESS
TITLE Vice President <input type="checkbox"/> DELETE	24 CITY-ST-ZIP	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Arleen W. Kraeger	32 NAME	22 NAME	32 NAME
STREET ADDRESS 112 Highpoint Dr.	33 STREET ADDRESS	23 STREET ADDRESS 112 Highpoint Dr.	33 STREET ADDRESS
CITY-ST-ZIP Gulf Breeze, FL 32501	34 CITY-ST-ZIP	CITY-ST-ZIP Gulf Breeze, FL 32501	34 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	42 NAME	NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS	STREET ADDRESS	43 STREET ADDRESS
CITY-ST-ZIP	44 CITY-ST-ZIP	CITY-ST-ZIP	44 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	52 NAME	NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS	STREET ADDRESS	53 STREET ADDRESS
CITY-ST-ZIP	54 CITY-ST-ZIP	CITY-ST-ZIP	54 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	62 NAME	NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS	STREET ADDRESS	63 STREET ADDRESS
CITY-ST-ZIP	64 CITY-ST-ZIP	CITY-ST-ZIP	64 CITY-ST-ZIP

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5/14/97

14. I do hereby certify 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 13 if changed, or on an attachment with an address

SIGNATURE: **Margaret R. Mang** Date: **4/28/97 (904) 932-2276**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2E034 (9/96)