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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718085 (4)
1. Corporation Name
LIGHTHOUSE POINT PLAZA CONDOMINIUM APARTMENTS, I NC.



Principal Place of Business 4502 N FEDERAL HIGHWAY, BOX X LIGHTHOUSE POINT FL 33064	Mailing Address 4502 N FEDERAL HIGHWAY, BOX X LIGHTHOUSE POINT FL 33064-6572
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3. Date Incorporated or Qualified 02/17/1970	3a. Date of Last Report 03/15/1996
4. FEI Number 59-1297761	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**RUSSELL, THOMAS J.
4502 N FEDERAL HWY
APT. 240
LIGHTHOUSE POINT FL 33064**

10. Name and Address of New Registered Agent
**81 Name Kaye & Roger, P. A.
82 Street Address (P.O. Box Number Is Not Acceptable) 6261 Northwest 6th Way Suite 103
83
84 City Fort Lauderdale Lighthouse Point FL 85 Zip Code 33309**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE: *Thomas J. Russell* President DATE: **3.27.97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUSSELL, THOMAS J.	
STREET ADDRESS	4502 N FEDERAL HWY #221C	
CITY-ST-ZIP	LIGHTHOUSE PT FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FIRTEK, CHRISTINA	
STREET ADDRESS	4500 N FEDERAL HWY #370H	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MURPHY, JANE A.	
STREET ADDRESS	4502 N FEDERAL HWY #225C	
CITY-ST-ZIP	LIGHTHOUSE PT FL	
TITLE	APD	<input checked="" type="checkbox"/> DELETE
NAME	AUFREITER, ENGLEBERT	
STREET ADDRESS	4500 N FEDERAL HWY #354F	
CITY-ST-ZIP	LIGHTHOUSE PT FL	
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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BENNETT, KENNETH	
1.3 STREET ADDRESS	4502 N FEDERAL HWY #338	
1.4 CITY-ST-ZIP	LIGHTHOUSE PT FL	
2.1 TITLE	Treas, <i>Dir</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TRUE, GEORGE C.	
2.3 STREET ADDRESS	4500 N FEDERAL HWY #354	
2.4 CITY-ST-ZIP	LIGHTHOUSE POINT FL	
3.1 TITLE	ASST. TREAS. <i>Dir</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	AUFRIETER, ENGLEBERT	
3.3 STREET ADDRESS	4500 N FEDERAL HWY #246	
3.4 CITY-ST-ZIP	LIGHTHOUSE PT FL	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, or in an attachment with an address.
SIGNATURE: *George C. True* DATE: **3/26/97** DAYTIME PHONE: **954-782-1381**

CR2E037 (9/96)