PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F91934

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	o. Name and Address of Curr	CIN LIGHTSTER AN			81 Name		LA AJ		RRAU		
KLITT	ENICK, MICHAEL P				l I					. 174 .1	
	S NORTHSIDE DR.			ļ	82 Street	AGG1888	(P.O. BOX NUI	mber is Not Acce	pud DHO J	•	
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11. Parsuant	to the provisions of Sections 607.0	502 and 607:1508.	Florida Statut	es, the at	bove-named	corporati	ion submits thi	is statement for th	ne purposa of	changing its	registered
11. Pursuant office or re	to the provisions of Sections 607.0 egistered agent, or both, in the State	502 and 607-1509, te of Florida, Such	Florida Statut change was a	es, the at uthorized	bove-named by the corp	corporati oration's	ion submits thi board of direc	is statement for the tors. I hereby acc	ne purposa of cept the appoi	changing its intment as re	registered gistered
	to the provisions of Sections 607.0 registered agent of both, in the Stat im familiar with, and accept the obli	502 and 607 1508, te of Florida, Such gations of, Section	Florida Statut change was a 607.0505, Flo	es, the at uthorized rida Statu	bove-named by the corp ites.	corporati oration's	ion submits thi board of direc	is statement for the tors. I hereby acc	ne purpose of cept the appoi	changing its intment as re	registered gistered
	1.1.				bove-named by the corp ites.		on reinstating)	<u> </u>	DATE		
SIGNATURE	Signature right of printed name of registerate	Offini and title if applicable. AND DIRECTORS	(NOTE				on reinstating)	is statement for the stors. I hereby acc	DATE	ND DIRECTO	RS IN 12
SIGNATURE	Signature hand of privated name gradity governorm	Offini and title if applicable. AND DIRECTORS		Registered	Agent signature		on reinstating)	<u> </u>	DATE		
SIGNATURE 12.	PD KLITENICK, MICHAEL P	Offini and title if applicable. AND DIRECTORS	(NOTE	13. 1.1 Til 1.2 NA	Agent signature		on reinstating)	<u> </u>	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	PD KLITENICK, MICHAEL P 3136 NORTHSIDE DR.	Offini and title if applicable. AND DIRECTORS	(NOTE	13. 1.1 Til 1.2 NA	Agent signature		on reinstating)	<u> </u>	DATE	ND DIRECTO	RS IN 12
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11. Pursuant office or reagent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP	PD KLITENICK, MICHAEL P 3136 NORTHSIDE DR. KEY WEST FL SVP	COST and little if applicable.	(NOTE	13. 1.1 TO 1.2 NA 1.3 ST 1.4 CI 2.1 TO	Agent signature TLE WE REET ADDRESS TY-ST-ZIP TLE		on reinstating)	<u> </u>	DATE	ND DIRECTO	RS IN 12
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officer or director of the corporation or the receiver or Block 12 or Block 13 if changed, or on an attachment

SIGNATURE: 9