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Amended Annual Report $61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # J09893

1. Corporation Name

LIGHTHOUSE POINT TITLE AND ESCROW COMPANY

Principal Place of Business	Mailing Address
225 N. FEDERAL HIGHWAY SUITE 650 POMPANO BEACH, FL. 33062	225 N. FEDERAL HIGHWAY SUITE 650 POMPANO BEACH, FL 33062

3. Date Incorporated or Qualified: 4/17/86
3a. Date of Last Report: 5/30/96

2. Principal Place of Business	2a. Mailing Address
21 225 N. FEDERAL HIGHWAY	26 225 N. FEDERAL HIGHWAY
Suite, Apt. #, etc.: 22 600	Suite, Apt. #, etc.: 27 600
City & State: 23 POMPANO BEACH, FLORIDA	City & State: 28 POMPANO BEACH, FLORIDA
Zip: 24 33062 Country: 25 USA	Zip: 29 33062 Country: 30 USA

4. FEI Number: 59-2658562 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

SHULTS, RICHARD H.

225 NORTH FEDERAL HIGHWAY
SUITE 600
POMPANO BEACH, FLORIDA 33062

10. Name and Address of New Registered Agent

81 Name: **CINDY H. CARAMEROS**
82 Street Address (P.O. Box Number is Not Acceptable): **225 NORTH FEDERAL HIGHWAY, SUITE 600**
83
84 City: **POMPANO BEACH,** **FL** 85 Zip Code: **33062**

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: [signature] **CINDY H. CARAMEROS, REGISTERED AGENT** 12/20/96
Signature, type or print name of person signing and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE P, D RICHARD H. SHULTS 225 N. FEDERAL HWY, STE 600 POMPANO BEACH, FL. 33062	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition P, D CINDY H. CARAMEROS 225 N. FEDERAL HWY, STE 600 POMPANO BEACH, FL. 33062
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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14. I/we 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 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] **CINDY H. CARAMEROS, PRESIDENT** 12/20/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #