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Apr 04 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 # P93000081380 (6)

1. Corporation Name
LIGHTHOUSE PREPACKAGING, INC.



Principal Place of Business: 9471 N.W. 25TH STREET SUNRISE FL 33322
Mailing Address: 9471 N.W. 25TH STREET SUNRISE FL 33322-2701

3. Date Incorporated or Qualified: 11/29/1993
3a. Date of Last Report: 09/24/1996

2. Principal Place of Business: 21 2202 Cypress Bend South, Apt. # 203, Pompano Beach, FL 33069
2a. Mailing Address: 26 2202 Cypress Bend South, Apt. # 203, Pompano Beach, FL 33069

4. FEI Number: 65-0441972
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: DOWNS, LARRY A, 9471 N.W. 25TH STREET, SUNRISE FL 33322

10. Name and Address of New Registered Agent: 81 Name: KOONTZ, LARRY
82 Street Address: 2202 Cypress Bend South
83 Apt. # 203
84 City: Pompano Beach, FL 85 Zip Code: 33069

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] DATE: 3/24/97

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/>
NAME	DOWNS, LARRY A	
STREET ADDRESS	9471 N.W. 25TH STREET	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	D	<input type="checkbox"/>
NAME	KOONTZ, LARRY S	
STREET ADDRESS	1956 AVON LANE, APT. 020	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	2202 Cypress Bend South, Apt. 203		
2.4 CITY-ST-ZIP	Pompano Beach, FL 33069		
3.1 TITLE	Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Jean Koontz		
3.3 STREET ADDRESS	2202 Cypress Bend South, Apt. 203		
3.4 CITY-ST-ZIP	Pompano Beach, FL 33069		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 3/24/97 DAYTIME PHONE #: 984 969-1152

CR2E034 (9/96)