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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000081380 (6)

LIGHTHOUSE PREPACKAGING, INC.

## FILED Apr 04 1997 8:00am Secretary of State



Principal Place 9471 N.W. 25TI SUNRISE FL 33	'H STREET	Mailing Address 9471 N.W. 25TH STREET SUNRISE FL 33322-2701	9471 N.W. 25TH STREET			E 1621/001 (ID 16160 MIN SQUI GOILL DEISL 12161 WOOT HIGH TRUK GON 1001		
					Date Incorporated or Qualified     11/29/1993	3a. Date of La 09/24/19		
2. Principal Place of Business 28. Mailing Address			A > C 11		4. FEI Number		Applied For Not Applicable	
21 2202 Cypress Bend South 26 2202 Cypres Suite, Apt. #, etc. Suite, Apt. #, etc.				ng South	007044187.2			
Suite, Apt. #, etc.  22 Apt. 203  27 Apt. 203					5. Certificate of Status Desired	1 1	75 Additional e Required	
City & State		City & State		<del></del>	6. Election Campaign Financing		<del></del>	
23 Pempano Beach, FL 28 Pompano Beac			each	FL				
Zp'	Country *	Zip	Country		8. This corporation has liability for	intangible tax und	der s. 199.032,	
24 330			30		Florida Statutes  10. Name and Address of New Re	Yes 🔀 No		
	<ol> <li>Name and Address of Current WNS, LARRY A</li> </ol>	nt Registered Agent	81	Name 1		Bistalad Wallt		
	1 N.W. 25TH STREET			K	contz, LARRY			
	NRISE FL 33322		82	82 Street Address (P.O. Box Number is Not Acceptable) 2202 Cupper Bend South				
OUIT	THOL I L GOSEE		83	100	1 the	20.04.4		
				mp	t, #203			
			84	City POM	DAND BEACH	FL  85	Zip Code	
11. Pursuant	to the provisions of Sections 607,050	02 and 607 1508, Florida Statute	s, the abov	e-named corp	oration submits this statement for the	ourpose of chang	ing its registered	
office or r agent. La	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was a rations of, Section 607.0505, Flo	uthorized b rida Statute	y the corporati s.	ion's board of directors. I hereby acce	pt the appointmen	nt as registered	
SIGNATURE	In SKA	_			3	124/17		
Oldivitori.	Signaturi, Typed of printed harde of legistered as			ent signature require	ed when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFI			
TITLE	DOMAIO LADOVA	DELETE	1.1 TITLE			Cha	inge 🗀 Additio	
NAME	DOWNS, LARRY A 9471 N.W. 25TH STREET		1.2 NAME					
STREET ADDRESS	SUNRISE FL 33322		1.3 STREET					
City-St-ZiP	D DOWNSE PL 33322	DELETE	1.4 CITY - 5	ST-ZIP		Cha	inge 🔲 Additio	
THILF	KOONTZ, LARRY S		2.1 TITLE				<b>.</b> –	
NAME Davide Longitude	1956 AVON LANE, APT. 620	•	2 2 NAME	Leonorge 13 5	200 CHATECE BEN	1 South	Apt. 203	
STREET ADDRESS	NORTH LAUDERDALE FL 330			ADDRESS 2	Paulaus Paul	El 2201		
CITY-ST-7IP TITLE	TOTAL PROPERTY OF THE PERSON O	DELETE	2. 4 CITY- 3.1 TITLE	SI-ZIP	202 Cypress Ben Compano Beach Trector		nne X Additic	
NAME		LJ otteri	3.2 NAME	7	ean Koontz_		mgo production	
STREET ADDRESS			3.3 STREET	ADDRESS 7.5	200 Propers Bend	South A	1. 203	
ì			3.3.5/NEE	er zin	202 Cypress Bend : ompano Beach, FL	230/09	,,	
City-S1-ZP Titll		DELETE	4 1 TITLE	31-211	ombado meden j.	☐ Cha	inge Addilio	
NAME		_	4. 2 NAME				-	
SUBJECT ADDRESS			4.3 STREET	ADDRESS				
CITY - ST-ZIP			4.4 CITY - S					
THILE	1	DELETE	5.1 TITLE			☐ Cha	inge Additio	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CHY-ST-ZIP			5.4 CITY-5					
TITLE		☐ DELETE	6.1 TITLE		<del></del>	Chá	ange 🔲 Additio	
NAME	1		6.2 NAME					
-	1		6.3 STREE	T ADODECC				
STREET ADDRESS			U.S SINCE	INDUNCOOI				
STREET ADDRESS  CITY SE-ZIP			6.3 STREE					

. 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 incicated 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; the 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 AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/47

984 969-1152

none #