

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

5:11 PM 9/14

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000005421 (0)**

1. Corporation Name

LIGHTHOUSE REALTY OF BREVARD, INC.

Principal Place of Business

2860 KIRBY AVENUE NE
PALM BAY FL 32905

Mailing Address

2860 KIRBY AVENUE NE
PALM BAY FL 32905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/24/1994

3a. Date of Last Report

2. Principal Place of Business

21. **2870 NE Kirby Ave. #5**

2b. Mailing Address

26. **2870 NE Kirby Ave. #5**

State, Apt. #, etc.

State, Apt. #, etc.

22. City & State

27. City & State

23. City & State

28. City & State

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

**GAUDETTE, LORILYN
2860 KIRBY AVENUE NE
PALM BAY FL 32905**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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: *Lorilyn Gaudette*

4-8-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: **D**
2. NAME: **GAUDETTE, LORILYN**
3. STREET ADDRESS: **2860 KIRBY AVENUE NE**
4. CITY, ST. ZIP: **PALM BAY FL 32905**

1. TITLE: **D**
2. NAME: **McElwain, Deborah**
3. STREET ADDRESS: **2870 NE Kirby Avenue #5**
4. CITY, ST. ZIP: **Palm Bay, FL 32905**

5. TITLE: _____
6. NAME: _____
7. STREET ADDRESS: _____
8. CITY, ST. ZIP: _____

5. TITLE: _____
6. NAME: _____
7. STREET ADDRESS: _____
8. CITY, ST. ZIP: _____

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12. CITY, ST. ZIP: _____

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12. CITY, ST. ZIP: _____

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14. NAME: _____
15. STREET ADDRESS: _____
16. CITY, ST. ZIP: _____

13. TITLE: _____
14. NAME: _____
15. STREET ADDRESS: _____
16. CITY, ST. ZIP: _____

17. TITLE: _____
18. NAME: _____
19. STREET ADDRESS: _____
20. CITY, ST. ZIP: _____

17. TITLE: _____
18. NAME: _____
19. STREET ADDRESS: _____
20. CITY, ST. ZIP: _____

21. TITLE: _____
22. NAME: _____
23. STREET ADDRESS: _____
24. CITY, ST. ZIP: _____

21. TITLE: _____
22. NAME: _____
23. STREET ADDRESS: _____
24. CITY, ST. ZIP: _____

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 319.02(1)(b), Florida Statutes. I further certify that the information contained 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 prepare this report as required by Chapter 607, Florida Statutes, and that my name appears on block 12 of this filing changed, or an attachment with an address.

SIGNATURE: *Lorilyn Gaudette*

4-8-95

407-952-1991