

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

APPROVED AND FILED

05/13/94 11:00:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Miller
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # P94000036329 (8)
1. Corporation Name
LIGHTHOUSE POINT REALTY ASSOCIATES, INC.

Principal Place of Business: **100 EAST SAMPLE RD., STE. 100 POMPANO BEACH FL 33064**
Mailing Address: **100 EAST SAMPLE RD., STE. 100 POMPANO BEACH FL 33064**

2. Principal Place of Business: **2201 N.E. 52nd Street**
2a. Mailing Address: **2201 N.E. 52nd Street**
3. State Apt. #, etc: **#18**
3a. State Apt. #, etc: **#18**
4. City & State: **Lighthouse Point, FL**
4a. City & State: **Lighthouse Point, FL**
5. Zip: **33064**
5a. Zip: **33064**
6. County: **Broward**
6a. County: **Broward**

3. Date incorporated or qualified: **05/13/1994**
3a. Date of last report: **05/13/1994**
4. FEI Number: **65-0490-444**
4a. Applied For: Applied For Not Applicable
5. Certificate of Status Due: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. Trust Fund Contribution:
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
SHACKLETON, HERB
100 EAST SAMPLE RD., STE. 100
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent
81. Name: **Barbara Miller**
82. Street Address (P.O. Box Number is Not Acceptable): **2221 N.E. 35th Street**
83. City: **Lighthouse Point** **FL** 85. Zip Code: **33064**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE: *Barbara Miller* **Barbara Miller, Director/President** 25 April 95

12. OFFICERS AND DIRECTORS

11	D	SHACKLETON, HERB 100 EAST SAMPLE RD., STE. 100 POMPANO BEACH FL 33064
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	Director/President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Barbara Miller
13 STREET ADDRESS	2221 N.E. 35th Street
14 CITY, ST, ZIP	Lighthouse Point, FL 33064
15 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	
19 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	
23 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	
27 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 11.01 of the Florida Statutes. I further certify that the information supplied on the attached report or supplemental annual report or true and correct copy, as applicable, complies with the requirements of the Florida Statutes and that my signature shall be a true and correct copy of the information supplied on the attached report or supplemental annual report or true and correct copy, as applicable, and that my name appears on the attached report or supplemental annual report or true and correct copy, as applicable.

SIGNATURE: *Barbara Miller* **Barbara Miller, Director/President** 25 April 95