May 04, 1999 8:00 am Secretary of State

05-04-1999 90174 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S00180

1. Corporation Name

LIGHTHOUSE INSURANCE RESOURCES, INC.

LIGITITIC	JOSE MODIFIANCE MEGOCI	100, 1110,							
5		Maritime Address						I MENDES MINISTER MENDES MENDES	Bibli Albii ibai
Principal Place		•	Mailing Address						
2731 N.E. 8 CT. P.O.BOX 1058						}			
POMPAMO BEACH FL 33060-9537 POMPANO BEACH FL 33061							DO NOT WRITE IN THIS SPACE		
						ţ	3. Date incorporated or Qualifed		
							09/13/1990		1
2. Principal Place of Business 2a. Mailing Addres							4. FEI Number		plied For
	acci or dustriess	26)	65-0229503		ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				$-\dagger$			Additional
22	m, 610.	27					5. Certifcate of Status Desired		equired
City & State	e	City & Stat	e				6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		Country			8. This corporation owes the current y		
24	25 29		30	ol			Personal Property Tax.	☐ Yes	□No
9. Name and Address of Current Registered Agent							10. Name and Address of New Regis	tered Agent	
				81	Name				
GRISSINGER, WILLIAM ROGER				82	Stroot	Addras	is (P.O. Box Number is Not Acceptable)		
2731 NE 8 CT.				OILEGI AUUIESS			is (1.5, box rightsor is free isospicate)		
POMPANO BEACH FL 33062				83					
				-				1-1-2	S. d.
				84	City			FL 85 Zip	Code
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such cha tions of, Section 60'	ange was author 7.0505, Florida S Willia	ized by Statutes a m R	the corpo oger	Gri:		ose of changing its appointment as re /30/99	registered egistered
	Signature, typed or printed name of registered ager			13.	it signature r	required w	ADDITIONS/CHANGES TO OFFICE		DRS IN 12
12.			.1 TATLE	— Т	Τ	ADDITIONS/OFIANGES TO OTTIOE	☐ Change	☐ Addition	
	ODICCINOCE WILLIAM D	_						<u></u>	_
NAME (GRISSINGER, WILLIAM R.			.2 NAME					ŧ
STREET ADDRESS	2731 NE 8TH CT		· ·		ADDRESS				ļ
CITY-ST-ZIP	POMPANO EBACH FL			.4 CITY-S	T-ZIP	<u> </u>		☐ Change	☐ Addition
TITLE			2.1 TITLE				Change		
NAME			2.2 NAME		1			ĺ	
STREET ADDRESS	STREET ADDRESS				ADDRESS	ĺ			ļ
CITY-ST-ZIP				4 CITY-S	T-ZIP	<u> </u>			[] Addition
TITLE	☐ DELETE 3.11		I.1 TITLE				☐ Change	☐ Addition	
NAME		•		3.2 NAME					
STREET ADDRESS	3.3		3.3 STREET ADDRESS		1			ì	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		L				
TITLE			DELETE 4	.1 TITLE				☐ Change	☐ Addition
NAME	4.3		4. 2 NAME						
STREET ADDRESS	5. 4.		4.3 STREET ADDRESS					j	
CITY-ST-ZIP			4.4 CfTY-ST-ZIP						
TITLE			DELETE 5	i.1 πη.Ε				☐ Change	Addition
NAME			5	2 NAME					l
STREET ADDRESS			5	.3 STREET	ADDRESS				
CITY OF 71D				4 CITY-S	T-ZIP				ĺ

CITY-ST-ZIP 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 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 on the processor of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on an attachment with an address, with all other like empowered. I hereby certify that the information indicated on this annual report to officer or director of the corporation block 12 or Block 13 if charged.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

S GNA William Roger Grissinger NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4/30/99

Daytime Phone # Date

CR2E034 (11/98)

Addition