

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morahan
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **S07779** (9)

95 JAN 19 AM 9:19

1. Corporation Name
LIGHTHOUSE PRODUCTION SERVICE INC.

Principal Place of Business Mailing Address
7965 SW 100 ST **7965 SW 100 ST**
MIAMI FL 33156 **MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/23/1990	3a. Date of Last Report 04/14/1994
4. FEI Number 65-0224857	Applied Fee Not Applicable
5. Certificate of Status Dearest <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing First Look Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.001, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
City & State 23	City & State 28
Zip 24	Country 30

9. Name and Address of Current Registered Agent KILLILEA, KEVIN M. 7965 SW 100 ST MIAMI FL 33156	10. Name and Address of New Registered Agent 01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code
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11. Pursuant to the provisions of Sections 607.001(7) and 607.12(08), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 family with, and accept the obligations of Section 607.001(5), Florida Statutes.

SIGNATURE _____ Signature (Typed or Printed Name of Registered Agent and FEI Number) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS, AGENTS, AND MANAGERS	
TITLE D	NAME KILLILEA, KEVIN M.	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7965 SW 100 ST		2. NAME	
CITY, ST, ZIP MIAMI FL		3. STREET ADDRESS	
		4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily prepared and does not qualify for the exemption stated in Section 199.001, Florida Statutes. I further certify that the information included 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 treasurer or transfer agent, as provided for under the report, as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 as changed, or on an attachment with an address.

SIGNATURE: *Kevin M. Killilea* 12/1/95 219-9831
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR