

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S42235 (9)**  
1. Corporation Name  
**LIGHTHOUSE PROPERTIES OF NORTH FLORIDA, INC.**



Principal Place of Business: **8382 BAYMEADOWS ROAD SUITE 5 JACKSONVILLE FL 32256 US**  
Mailing Address: **10010 BELLE REVE BLVD APT 307 JACKSONVILLE FL 32256 US**

3. Date Incorporated or Qualified: **04/02/1991**  
3a. Date of Last Report: **04/27/1995**  
4. FET Number: **65-0266569**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **27**  
City & State: **28**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**SUAZO, JORGE A.  
10010 BELLE RIVE BLVD  
APT 307  
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent  
**81 Name: SUAZO, JORGE A.  
82 Street Address (P.O. Box Number is Not Acceptable): 8335 FREEDOM CROSSING TRAIL  
83 APT. # 3207  
84 City: JACKSONVILLE FL 85 Zip Code: 32256**

11. Pursuant to the provisions of Sections 607.011 and 607.1508, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: DATE: **5/15/96**

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	SUAZO, JORGE A.	
STREET ADDRESS	10010 BELLE REVE BLVD 307	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	SUAZO, JORGE A.	
3. STREET ADDRESS	8335 FREEDOM CROSSING TRAIL # 3207	
4. CITY - ST - ZIP	JACKSONVILLE, FLA 32256	
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if qualified, on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **5/15/96** **904-448-1141**

CR2E034 (12/95)