FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal P



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90033 011 ***150.00

DO NOT WRITE IN THIS SPACE

85

Zip Code

L	NOCOMENT	#	248027	しり
	Co-continu Namo			

Lighthouse	Apartments,	Inc.
Principal Place of Business	Mailing Add	dress

3850	NE	218	st	Ave.		
					${ m FL}$	33064

Lighthouse r	Oint, FL 55064	3. Date Incorporated or Qualified 6/1/61				
Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For			
·	26	59-1086636	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			

Zip	Country 25	Zíp 29	30	intry		This corporation owes the current Personal Property Tax.	year Intangible ☐ Yes X No	
	9. Name and Address of Cur		<u></u> !	Γ		10. Name and Address of New Reg	istered Agent	
				81	Name			
Harry Hibbs 3850 NE 21st Ave. #3		82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)			
	Lighthouse Poi		64	83	_			

11. Pursuant to the provisions of Sections 607.0502 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 obligations of, Section 607.0505, Florida Statutes.

City

-g	/ .				
SIGNATURE	N/A Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re-	gistered Agent signature requ	ired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12
TITLE	PD DELETE	1.1 TITLE		☐ Change	Addition
NAME	Harry Hibbs	1.2 NAME			l
STREET ADDRESS	3850 NE 21st Ave. #3	1.3 STREET ADDRESS	•		i
CITY-ST-ZIP	Lighthouse Point, FL 33064	1.4 CITY-ST-ZIP			
TITLE (VD DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	Ruth Dede	2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS)		
CITY-ST-ZIP	3850 NE 21st Ave. #6 Lighthouse Point, FL 33064	2.4 CITY-ST-ZIP			
TITLE	SD DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	Ruth Hibbs	.3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP	Lightouse Point, FL 33064	3.4. CITY-ST-ZIP			
TITLE	T DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	Albert Dede	4. 2 NAME			
STREET ADDRESS	3850 NE 21st Ave. #6	4.3 STREET ADDRESS			
CITY-ST-ZIP	3850 NE 21st Ave. #6 Lightouse Point, FL 33064	4.4 CITY-ST-ZIP			
TITLE	D DELETE	5.1 TITLE		Change	Addition
NAME	Mary Lou Bandi	5.2 NAME			
STREET ADDRESS	3850 NE 21st Ave. #8	5.3 STREET ADDRESS			ĺ
CITY-ST-ZIP .	Lighthouse Point, FL 33064	5.4 CITY-ST-ZIP			
TITLE	D DELETE	6.1 TITLE		Change	☐ Addition
NAME	Annia Charfond	6.2 NAME			
STREET ADDRESS	Annie Crawford	6.3 STREET ADORESS			ļ
	3850 NE 21st Ave. #18	64 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not fuality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate earn 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 changed or on an attachment with an address, with all other like empowered.