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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

KEN LIGHTFOOT REALTY, INC.

Mar 10 1998 8:00am Secretary of State

3/3/91 (813)-988-2797

| Principal Place | e of Business | Mailing Address | | | T TODIOD HIND BILL BUILD HIND HIND HIND BUILD DIDIT | KATA BARAL BARAL BARAL BARA |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------|------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------|
| 9085 NO 56 STR | | 9385 NO 56 STR | | | | |
| STE 202 TEMPLE TERRACE FL 33617 | | STE 202 | STE 202 TEMPLE TERRACE FL 33617 | | DO NOT WRITE IN THIS SPACE | |
| US | | US | | | 3. Date Incorporated or Qualified | |
| | | | | | 12/04/1969 | |
| 2. Principal Place of Business | | 2a, Mailing Address | | 4. FEI Number | Applied For | |
| Suite, Apt. #, etc. | | [26] | | 59-1287734 | Not Applicable | |
| 22 | | Suite, Apt. #, etc. 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip 24 | Country 7φ 25 29 30 | | Country | ′ | This corporation owes or has paid the Personal Property Tax due June 30. | current year Intangible |
| | 9. Name and Address of Curren | | [30] | | 10. Name and Address of New Registers | |
| LIGHTFOOT, OMAR K JR | | | 81 | Name | | |
| 9385 NO 56 STR | | | 82 | Street Ad | dress (P.O. Box Number is Not Acceptable) | |
| | : 202 IPLE TERRACE FL 33617 | | 83 | | | |
| ,_, | | | 84 | City | | 85 Zip Code |
| 44 Pure ignt t | o the provisions of Sustant 607 000 | 2 and CO7 1000 Claside Statut | as the show | · · | F | 'L. |
| 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 Tam Filliar with, and accept the obligations of Section 607.0505, Florida Statules. | | | | | | |
| SIGNATURE | distance typed or printed many teny red no | find the diapy libe (NOT | Registered Age | nt signature reg | uired when reinstating) DATE | |
| 12. | OFFICERS AND | | 13. | ······································ | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 |
| TITLE | PVD | DELFTE | 1.1 TITLE | | | Change Addition |
| NAME | LIGHTFOOT, OMAR K JR | | 1.2 NAME | | | |
| STREET ADDRESS | 9385 N.56TH ST.,#202 | | 1.3 STREET | ADDRESS | | • |
| CITY - ST - ZIP | TEMPLE TERR FL | Doute | 1.4 CITY - S | T-ZIP | | |
| TITLE | | ☐ DELETE | 2.1 T(TLF | | | ☐ Change ☐ Addition |
| NAME Street address | | | 2.2 NAME | ADODECC | | • |
| CITY+ST-ZIP | | | 2.3 STREET 2. 4 CITY - 1 | | | |
| TITLE | | DELETE | 3.1 TITLE | 21-511 | | Change Addition |
| NAME | | | 32 NAME | | | |
| STREET ADDRESS | | | 3 3 STREET | ADDRESS | | ļ |
| CITY-ST-ZIP | | ··-·· | 3 4. CITY-5 | ST - ZIP | | |
| TITLE | | DELETE | 4.1 TITLE | | | Change Addition |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | DELETE | 4.4 CITY - S | T-ZIP | | Discours Discours |
| TITLE | | ☐ VILLE | 5.1 TITLE | İ | | Change Addition |
| NAME STREET ADDRESS | | | 5.2 NAME 5.3 STREFT | ADDDCCC | | |
| CITY-ST-ZIP | | | | i | | , |
| TITLE | | DELETE | 5.4 City - S 6.1 Title | I-DP | | ☐ Change ☐ Addition |
| NAME | | ⊶ | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | , |
| I | | | | I . | | |

14. Hereby certify that the information 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 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 exposured to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if Junged, or or an attachment with any addition.