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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 530191

(6)

Mailing Address

LIGHTNING ASSOCIATES, INC.

FILED Feb 10 1997 8:00am Secretary of State

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2061 N. E. 163RD ST. N. MIAMI BEACH FL 33162		2061 N. E. 163RD ST. N. MIAMI BEACH FL 33162-4901					
					3. Date Incorporated or Qualified 03/28/1977	3a. Date of La 05/10/199	
2. Principal P	lace of Business	2a. Mailing Address		•	4. FEI Number		Applied For
21		26			59-1847336		Not Applicable
Suite, Apt 22	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & Stat	9	City & State			Election Campaign Financing     Trust Fund Contribution		00 May Be led to Fees
Zip <b>24</b>	Country 25	<i>Ζ</i> ιρ <b>29</b>	Country 30		8. This corporation has liability for in Florida Statutes	ntangible tay und Yes No	er s. 199.032,
	9. Name and Address of Curre	nt Registered Agent		***************************************	10. Name and Address of New Reg	gistered Agent	
DRE	HER, MARGARET.		<b>81</b> N	lame			
	BIG CYPRESS DRIVE. LYWOOD FL 33021		<b>B2</b> S	treet Add	dress (P.O. Box Number is Not Acceptable	le)	
HOL	LIMOOD FL 33021		63	·			
			84 (	ity		FL  85	Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607 1508. Florida Statute	s, the above√n	med con	poration submits this statement for the pr	urnose of changir	ng its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblic	e of Florida. Such change was a	uthorized by th	e corpora	ation's board of directors. I hereby accep	t the appointment	as registered
	m familiar with, and accept the oblig	gations of, Section 607,0505, Fig.	nda Sialules.				
SIGNATURE	Signature typed or principlinar and registered ag	ANOTE	Esperand Assets			DATE	
					ricad when reinstaling)		
12.				gnature requ	aired when reinstating)  ADDITIONS/CHANGES TO OFFICE		TORS IN 12
<b>12.</b> Tit:E	OFFICERS AN	ID DIRECTORS	13.	gnature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	
TOTE	OFFICERS AN		13. 11 TETLE	gnature requ			
TITLE	OFFICERS AN PD DREHER, MARGARET	ID DIRECTORS	13. 11 TITLE 1.2 NAME			ERS AND DIREC	
TITLE NAME STREET ADDRESS	OFFICERS AN PD DREHER, MARGARET 349 BIG CYPRESS DRIVE	ID DIRECTORS	13. 11 TITLE 1.2 NAME 13 STREET ADD	PRESS		ERS AND DIREC	
TITLE NAME STREET ADDRESS CHY+ST-ZP	OFFICERS AN PD DREHER, MARGARET 349 BIG CYPRESS DRIVE HOLLYWOOD FL	ID DIRECTORS DELETE	13. 11 TITLE 12 NAME 13 STREET ADD 14 CITY - ST - Z	PRESS		ERS AND DIREC	ge Addition
THEE NAME STREET ADDRESS CHY-ST-ZP THEE	OFFICERS AN PD DREHER, MARGARET 349 BIG CYPRESS DRIVE HOLLYWOOD FL ST	ID DIRECTORS	13. 11 TITLE 12 NAME 13 STREET ADI 14 CITY-ST-Z 21 TITLE	PRESS		ERS AND DIREC	ge Addition
TITLE NAME STREET ADDRESS CHY-ST-ZP TITLE NAME	OFFICERS AN PD DREHER, MARGARET 349 BIG CYPRESS DRIVE HOLLYWOOD FL ST MADZI, JOANNE	ID DIRECTORS DELETE	13. 11 TITLE 12 NAME 13 STREET ADI 14 CITY-ST-Z 21 TITLE 22 NAME	P P		ERS AND DIREC	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-7P TITSE NAME STREET ADDRESS	OFFICERS AN PD DREHER, MARGARET 349 BIG CYPRESS DRIVE HOLLYWOOD FL ST MADZI, JOANNE 349 BIG CYPRESS DRIVE	ID DIRECTORS DELETE	13. 11 TITLE 12 NAME 13 STREET ADE 14 CITY-ST-Z 21 TITLE 22 NAME 23 STREET ADE	P PRESS		ERS AND DIREC	ge Addition
TITLE NAME STREET ADDRESS OFFY-ST-7P TITLE NAME STREET ADDRESS OFFY-ST-20:	OFFICERS AN PD DREHER, MARGARET 349 BIG CYPRESS DRIVE HOLLYWOOD FL ST MADZI, JOANNE 349 BIG CYPRESS DRIVE HOLLYWOOD FL	ID DIRECTORS  DELETE  DELETE	13. 11 TITLE 12 NAME 13 STREET ADI 14 CITY-ST-Z 21 TITLE 22 NAME 23 STREET ADI 2 4 CITY-ST-Z	P PRESS		ERS AND DIREC ☐ Char	ge Addition
TITLE NAME STREET ADDRESS CRY-ST-7P TITLE NAME STREET ADDRESS CRY-ST-2P TITLE	OFFICERS AN PD DREHER, MARGARET 349 BIG CYPRESS DRIVE HOLLYWOOD FL ST MADZI, JOANNE 349 BIG CYPRESS DRIVE HOLLYWOOD FL VD	ID DIRECTORS DELETE	13.  11 TITLE 12 NAME 13 STREET ADD 14 CITY-ST-Z 21 TITLE 22 NAME 23 STREET ADD 2 4 CITY-ST-Z 3.1 TITLE	P PRESS		ERS AND DIREC	ge Addition
TITLE NAME STREET ADDRESS CHY-ST-7P TITLE NAME STREET ADDRESS CHY-ST-20 TITLE NAME	OFFICERS AN PD DREHER, MARGARET 349 BIG CYPRESS DRIVE HOLLYWOOD FL ST MADZI, JOANNE 349 BIG CYPRESS DRIVE HOLLYWOOD FL VD LEBO, CATHLEEN	ID DIRECTORS  DELETE  DELETE	13. 11 TITLE 12 NAME 13 STREET ADI 14 CITY-ST-Z 21 TITLE 22 NAME 23 STREET ADI 2 4 CITY-ST-Z 3.1 TITLE 32 NAME	MESS P		ERS AND DIREC ☐ Char	ge Addition
THEF NAME STHEEF ADDRESS CHY-ST-7P THEE NAME STHEEF ADDRESS CHY-ST-2P THE THEE NAME STHEEF ADDRESS	OFFICERS AN PD DREHER, MARGARET 349 BIG CYPRESS DRIVE HOLLYWOOD FL ST MADZI, JOANNE 349 BIG CYPRESS DRIVE HOLLYWOOD FL VD LEBO, CATHLEEN 349 BIG CYPRESS DRIVE	ID DIRECTORS  DELETE  DELETE	13. 11 TITLE 12 NAME 13 STREET ADI 14 CITY-ST-Z 21 TITLE 22 NAME 23 STREET ADI 2 4 CITY-ST-Z 3.1 TITLE 32 NAME 33 STREET ADI	MESS P MESS IP MESS		ERS AND DIREC ☐ Char	ge Addition
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TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME NAME	OFFICERS AN PD DREHER, MARGARET 349 BIG CYPRESS DRIVE HOLLYWOOD FL ST MADZI, JOANNE 349 BIG CYPRESS DRIVE HOLLYWOOD FL VD LEBO, CATHLEEN 349 BIG CYPRESS DRIVE	ID DIRECTORS  DELETE  DELETE	13. 11 TITLE 12 NAME 13 STREET ADI 14 CITY-ST-Z 21 TITLE 22 NAME 23 STREET ADI 2 4 CITY-ST-Z 3.1 TITLE 32 NAME 33 STREET ADI 34. CITY-ST-Z 41 TITLE 4. 2 NAME	MESS P MESS IP MESS		ERS AND DIREC	ge Addition
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TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME	OFFICERS AN PD DREHER, MARGARET 349 BIG CYPRESS DRIVE HOLLYWOOD FL ST MADZI, JOANNE 349 BIG CYPRESS DRIVE HOLLYWOOD FL VD LEBO, CATHLEEN 349 BIG CYPRESS DRIVE	DELETE  DELETE  DELETE  DELETE	13.  11 TITLE  12 NAME  13 STREET ADI  14 CITY-ST-Z  21 TITLE  22 NAME  23 STREET ADI  24 CITY-ST-Z  31 TITLE  32 NAME  33 STREET ADI  34. CITY-ST-Z  41 TITLE  4. 2 NAME  4.3 STREET ADI  4.4 CITY-ST-Z  5.1 TITLE  5.2 NAME  5.3 STREET ADI  5.4 CITY-ST-Z  6.1 TITLE	P P P P P P P P P P P P P P P P P P P		ERS AND DIREC Chan Chan Chan	ge Addition  ge Addition  ge Addition

4. I do hereby certify that the information supplied with this thing 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 as report in 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 rejeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block (3 if chapted, or on an attachment with an address.

**SIGNATURE** 

SIGNATURE AND TYPED OR PHILATED NAME OF SIGNING OFFICER OR DIRECTOR

2/1 /97 945 × 9764