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Jan 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738480** (3)

1. Corporation Name

**THE ROUNDTABLE OF THE LIGHT CENTERS, INC.**

Principal Place of Business

Mailing Address

1801 SW 82ND PLACE  
MIAMI FL 33155

1801 SW 82ND PLACE  
MIAMI FL 33155



3. Date Incorporated or Qualified

**04/14/1977**

4. FEI Number

**59-1748944**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUTLER, LORRY**  
**1801 SW 82ND PLACE**  
**MIAMI FL 33155**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERMAN, JUNE	
STREET ADDRESS	1830 KEYSTON BLVD	
CITY-ST-ZIP	N MIAMI FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	PASCH, PENNY	
STREET ADDRESS	12545 ALAMANDA DR.	
CITY-ST-ZIP	N. MIAMI FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	CUTLER, LORRY	
STREET ADDRESS	1801 S W 82ND PLACE	
CITY-ST-ZIP	MIAMI, FL 00000	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BOOK, SANDRA	
STREET ADDRESS	2851 LEONARD DR.	
CITY-ST-ZIP	N MIAMI BEACH FL	

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 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 checked="" type="checkbox"/> Addition
4.2 NAME	<b>SD CUTLER, GLEN</b>
4.3 STREET ADDRESS	<b>1801 SW 82 PL</b>
4.4 CITY-ST-ZIP	<b>MIAMI, FL</b>

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 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 as changed, or on an attachment with an address.

SIGNATURE:

*LORRY CUTLER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/98 (305) 261-0722**  
Date Daytime Phone # 0030971

CR2E037 (10/97)