FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:21

DOCUMENT # **F04680** (7)

1. Corporation Name

LIGHTHOUSE AUDIO VISUAL RENTALS, INC.

Principal Place of Business	Mailing Address
P. O. BOX 771 MARCO ISLAND FL 33969 US	567 ELCAM CIRCLE POST PLAZA CENTER. C/O WILLIAM D. KRAMER MARCO ISLAND FL 33937 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/01/1980
3a. Date of Last Report: 02/08/1994

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

4. FEI Number: 59-2061820 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

KRAMER, WILLIAM D
POST PLAZA CENTER
567 ELKCAM CIRCLE
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

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 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	V ☐ Change ☐ Addition
NAME	KOETTING, EUGENE M	1.2 NAME	
STREET ADDRESS	1402 BISCAYNE WAY	1.3 STREET ADDRESS	461 S. Heathwood
CITY-ST-ZIP	MARCO ISLAND, FL 00000	1.4 CITY-ST-ZIP	Marco island, Florida 33937
TITLE	P	2.1 TITLE	P ☐ Change ☐ Addition
NAME	KOETTING, WILLIAM L	2.2 NAME	KOETTING, WILLIAM L.
STREET ADDRESS	1402 BISCAYNE WAY	2.3 STREET ADDRESS	480 Battersea Court
CITY-ST-ZIP	MARCO ISLAND FL	2.4 CITY-ST-ZIP	Marco Island, Florida 33937
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William K Koetting 1-30-95 813-394-3930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0336184 CP