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PROFIT CORPORATION ANNUAL REPORT

1996

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

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

2. Principal Place of Business	2a. Street Address: 950 N. Collier Blvd
Suite, Apt. #, etc.	Suite #301
City & State	Marco Island, FL
Zip / Country	Zip: 33937 / County: USA

3. Date Incorporated or Qualified: 11/01/1980
3a. Date of Last Report: 02/03/1995
4. FEI Number: 59-2061820 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: XXX ☐ **$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 taxable tax under s. 199.032, Florida Statutes ☐ Yes ☐ No XXX

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: No Change
82 Street Address (P.O. Box Number is Not Acceptable): Suite #301
83 950 N. Collier Blvd
84 City: Marco Island FL 85 Zip Code: 33937

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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: William D. Kramer 04/20/96
Signature, typed or printed name of registered agent and title if applicable — Registered Agent's signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KOETTING, EUGENE M. 461 S. HEATHWOOD MARCO ISLAND FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 350 COLUMBUS WAY 33937
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KOETTING, WILLIAM L. 480 BATTERSEA COURT MARCO ISLAND FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 33937
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 L. Koetting WILLIAM L. KOETTING 4-8-96 941-394-3930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #