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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

P. O. BOX 771
MARCO ISLAND FL 33969
US

Mailing Address

850 N COLLIER BLVD
STE 301
MARCO ISLAND FL 34145-2716
US

3. Date Incorporated or Qualified
11/01/1980

3a. Date of Last Report
04/24/1996

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

2. Principal Place of Business

21 350 COLUMBUS WAY

Suite, Apt. #, etc.

22 P.O. Box 771

City & State

23 MARCO ISLAND, FL

Zip

24 34146

Country

25 US

2a. Mailing Address

26 c/o W. D. KRAMER

Suite, Apt. #, etc.

27 1838 40TH TERRACE SW

City & State

28 NAPLES, FL

Zip

29 34116

Country

30

9. Name and Address of Current Registered Agent

KRAMER, WILLIAM D
950 N COLLIER BLVD
STE 301
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)

1838 40TH TERRACE SW

83

84 City

NAPLES

FL

85 Zip Code

34116

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

William D. Kramer WILLIAM D. KRAMER

4/21/97

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 V ☐ DELETE

NAME KOETTING, EUGENE M.

STREET ADDRESS 350 COLUMBUS WAY

CITY- ST- ZIP MARCO ISLAND FL

TITLE P ☐ DELETE

NAME KOETTING, WILLIAM L.

STREET ADDRESS 480 BATTERSEA COURT

CITY- ST- ZIP MARCO ISLAND FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

34145

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

34145

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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 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 PRESIDENT

2/6/97

941-394-3930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)