Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90102 049 \*\*\*158.75

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F04680

1. Corporation Name

LIGHTHOUSE AUDIO VISUAL RENTALS, INC.

Principal Place	of Business	Mailing Address	Mailing Address					
2 MARCO LAKE	DR	C/O W.D. KRAMER						
P.O BOX 771			1838 40TH TERRACE SW			DO NOT WRITE IN THIS SPACE		
MARCO ISLAND FL 34145 NAPLES FL 34116						3. Date Incorporated or Qualifed		
US US								
		2a. Mailing Address				11/01/1980 4. FEI Number	<u> </u>	pplied For
	ace of Business						<b>⊢</b> +−	lot Applicable
21		26 Suite Ast # st-				59-2061820		Additional
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Required
22		City & State						
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23		Zip Country						10 100
Zip	Country	Zip				8. This corporation owes the current year	intangible ∐Yes	□No
24	25 29 30		1		Personal Property Tax.			
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registers	o Agein	
VOLUME WILLIAM D				• •	Name			
	MER, WILLIAM D		<b>82</b> Si		Street Addr	Address (P.O. Box Number is Not Acceptable)		
	40TH TERRACE SW							
NAP	.ES FL 34116							
		•		84	City		. 85 Zip	Code
						<u></u> F	┖╎╎	
office or a	adictored agent or both in the State	of Florida, Such change w	as authorize	יעם כ	tne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing it pointment as i	s registered registered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505	, Florida Stat	utes.	•			
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable. (		l Agen	t signature require	d when reinstating) DATE		
12.	OFFICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO OFFICERS			
TITLE	V	DELETI	E 1.1 Ti	ΠE			☐ Change	Addition
NAME	KOETTING, EUGENE M.		1.2 N	AME				
STREET ADDRESS	350 COLUMBUS WAY		1.3 5	TREET	ADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL 34145		TY-S	T-ZiP				
TILE	PST	T □ DELETE 2.1 T		TLE		•	☐ Change	Addition
NAME	KOETTING, WILLIAM L. 22N		AME					
STREET ADDRESS			TREET	ADDRESS		جور سيست - ص		
CITY-ST-ZIP	MARCO ISLAND FL 34145		,	ITY-S				
TITLE	DELETE 3.1 T		_			☐ Change	Addition	
NAME	321							
STREET ADDRESS				ADDRESS				
· '	·{			ITY-S	Į.			}
CITY-ST-ZIP	,	DELET			11-21		Change	Addition
TITLE	•	_ 52421		IAME				
NAME								Ì
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			·	TY-S	1-219		☐ Change	Addition
TITLE		☐ DELET		AME			change	
NAME	•							•
STREET ADDRESS		•	4		ADDRESS			ļ
CITY-ST-ZIP				5.4 CITY-ST-ZIP 6.1 TITLE				Addition
TITLE	<i>,</i>	☐ DELET	-		İ		Change	* Nagaragu
NAME	•		- 1	AME				- \
STREET ADDRESS			6.3 S	TREET	TADDRESS			
CITY+ST-ZIP			6.4 0	ITY-S	T-ŽIP			

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.