

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G39825** (6)

1. Corporation Name

LIGHTHOUSE ELECTRIC, INC.

Principal Place of Business

**3811 SW 47 AVE
SUITE 629
DAVIE FL 33314**

Mailing Address

**3811 SW 47 AVE
SUITE 629
DAVIE FL 33314**



2. Principal Place of Business

21 **6940 SW 55 Street**

Suite, Apt. #, etc.

22

City & State

23 **Davie, FL**

Zip

24 **33314**

Country

25 **Broward**

2a. Mailing Address

26 **6940 SW 55 Street**

Suite, Apt. #, etc.

27

City & State

28 **Davie, FL**

Zip

29 **33314**

Country

30 **Broward**

9. Name and Address of Current Registered Agent

**SIMON, GREGORY
C/O 2455 E. SUNRISE BLVD.
FT. LAUDERDALE FL 33309**

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

05/18/1983

3a. Date of Last Report

04/03/1995

4. FCI Number

59-2269707

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

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and then applicable

(NOTE: Registered Agent's signature required when not changing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **D**
SIMON, GREGORY
STREET ADDRESS **6940 SW 55 STREET**
CITY-ST-ZIP **DAVIE FL**

2. TITLE ☐ DELETE

NAME **DS**
SIMON, MARY
STREET ADDRESS **6940 SW 55 STREET**
CITY-ST-ZIP **DAVIE FL**

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(k), 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:

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary L. Simon, Sec'y. Mary L. Simon

4-4-96

(954) 587-0573

CR2E034 (12/95)