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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G39825

(6)

LIGHTHOUSE ELECTRIC, INC.

Principal Place of Business Mailing Address **6940 SW 55 STREET** 6940 8W 55 STREET **DAVIE FL 33314** DAVIE FL 33314-6013 3. Date Incorporated or Qualified 3a. Date of Last Report 05/18/1983 04/10/1996 Principal Place of Business 4. FEI Number Applied For PO BOX 290848 35 Azalea Ave 26 59-2269707 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Haven. Moore bavie. Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199,032, 3347 45 H Yes No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SIMON, GREGORY C/O 2455 E. SUNRISE BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 FT. LAUDERDALE FL 33309 83 84 City 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 Signature, typod or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE Change TITLE 1.1 TITLE SIMON, GREGORY NAME 1.2 NAME CR2E034 35 Azaka Are **6940 SW 55 STREET** 1.3 STREET ADDRESS STREET ADDRESS 3347/ moore Haven, FL DAVIE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DS DELETE 2.1 TITLE Change Addition TITLE SIMON, MARY 2.2 NAME NAME 35 Azalea AVO **6940 SW 55 STREET** 2.3 STREET ADDRESS STREET ADORESS moore Haven, FL 33471 DAVIE FL CITY-ST-ZIP 2 4 CITY+ST-ZIP Change DELETE 3 1 117LE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETÉ 4.1 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 7IP TITLE DELETE 6.1 THE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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:

WARY ASSUMED

430-97 (954) 587-0573

6.4 C(1Y - ST - 7)P