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

CITY-ST-ZIP

SIGNATURE:

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Mar 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J22439 (0) LIGHTHOUSE POINT SHELL INC. Principal Place of Business Mailing Address 3600 N FEDERAL HIGHWAY 3600 N FEDERAL HIGHWAY LIGHT HOUSE POINT FL 33064 LIGHT HOUSE POINT FL 33064 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/03/1986 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 59-2691608 Not Applicable Suite, Apt. #, etc. Suite Ant # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zφ Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SKOUNDRIDAKIS, ZAHARIS 3600 N. FEDERAL HWY. 62 Street Address (P.O. Box Number is Not Acceptable) **LIGHTHOUSE POINT FL 33064** 83 84 City 85 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, typed or printed name of registered ager I and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ___ Addition 1.1 TO L€ TITLE SKOUNDRIDAKIS, ZAHARIS 1.2 NAME CRZE034 NAME 4410 NE 22ND AVE 1.3 STREET ADDRESS STREET ADDRESS LIGHT HOUSE PT. FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME SKOUNDRIDAKIS, BASILIOS 2.2 NAME STREET ADDRESS 4410 NE 22ND AVE 2.3 STREET ADDRESS LIGHT HOUSE POINT FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE SKOUNDRIDAKIS, KALIOPY 3.2 NAME NAME 4410 NE 22ND AVE 3.3 STREET ADDRESS STREET ADDRESS LIGHT HOUSE POINT FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE A 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 62 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS

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 suppliemental 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

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