## FILED Mar 28, 2002 8:00 am Secretary of State

	. <u> </u>	<u> </u>	_ 02-05-2002 9	VI30 VZT 130.00
DOCUMENT # POOOO C	1			
Lighthouse Francial Gron	p of Tennesse	e, /nc.	_	
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 4890 W. Kennedy Blvd.	3. Mailing Address	8512	1 .	17981
Suite, Apt. #, etc.	Suite. Apt. #, etc.	<u> </u>	DO NOT WRITE IN TH	HIS SPACE
City & State Tamba, Fz	City & State Tampa, F	i	4. FEI Number 59-364644	Applied For Not Applicable
Zip Country 33609 USH	<sup>Zip</sup> 33679	Country U.S.PA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Part of the state	A STATE OF THE STA		7. Name and Address of Current Regist	ered Agent
DO NOT W	RITE		(P.O. Box Number is Not Acceptable)	
IN THIS SP		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		H 41/2
		( a) Ca.	w. Kennedy Blyd	#940
8. The above named entity submits this statement for	the average of changing in the	14	· · · · · · · · · · · · · · · · · · ·	FL Zip Code 33609
. The above harred entity submits this scatteries into	the purpose of changing its regi	stereo once or registe	ard agent, or both, in the state of Florida.	
SIGNATURE Signature, typed or praved harms of registered agent a	no use if applicable. (NOTE: Rec	sistered Agant signature require	tid when revision(s)	7/02
9. This corporation is eligible to satisfy its Intangible	January 1 May	1 Fee is \$150.00	10. Election Campaign Financing	_ \$5.00 May Be
Tax filing requirement and elects to do so. (See criteria on back)	Amended U	BR is \$61.25	Trust Fund Contribution.	Added to Fees
11. OFFICERS AND I	Address of Same and Address of the Part of the Prince of the	A Section of	A STATE OF THE STA	
NAME May, Andrew J. STREET ADDRESS 4890 w. Kennedy T		NAME.		12/01
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NAME -STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied with to indicated on this report or supplemental report is of the corporation or the receiver gylmustee empc	his filing does not qualify for the not and accurate and that my six wered to execute, this report as	THE NAME.  STREET ADDRESS CITY ST - ZIP THLE NAME. STREET ADDRESS CITY ST - ZIP THLE NAME STREET ADDRESS CITY ST - ZIP THLE THE NAME STREET ADDRESS CITY ST - ZIP THLE THE NAME STREET ADDRESS CITY ST - ZIP THLE THE NAME STREET ADDRESS CITY ST - ZIP THLE THE NAME THE NAME STREET ADDRESS CITY ST - ZIP THE NAME	IN THIS SP/	CETIFY that the information it I am an officer or director
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FOR PROFIT CORPORATION