

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 # **P93000059818 (3)**

1. Corporation Name

LICHTNER FINANCIAL SERVICES, INC.



Principal Place of Business

**7520 N.W. 5TH STREET
PLANTATION FL 33317
US**

Mailing Address

**9471 NORTHWEST 38TH PLACE
SUNRISE FL 33351**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LICHTNER, JEFFREY T
9471 NORTHWEST 38TH PLACE
SUNRISE FL 33351**

3. Date Incorporated or Qualified

08/23/1993

3a. Date of Last Report

10/27/1995

4. FEI Number

65-0440087

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

81 Name

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

83

84 City

FL

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

Jeffrey T. Lichtner
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when term change.)

Date

4-3-96

12. OFFICERS AND DIRECTORS

☐ DELETE

1.1 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
1.2 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
1.3 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
1.4 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
1.5 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Jeffrey T. Lichtner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)