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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000059818 (3)

LICHTNER FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address									##104 BEING 10101 11		<b>8</b> 11 1881	
7520 N.W. 5TH STREET 9471 NORTHW PLANTATION FL 33317 SUNRISE FL 3 US					HWEST 38TH PLACE L 33351-5909							
							3. Date Incorporated or Qualified 08/23/1993	3a. Date of Last Report 04/10/1996				
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For				
21 Cuite And # ato				26 8 720 NW 825T Suite, Apt. #, etc.				65-0440087 Not Applicable				
Suite, Apt. #, etc.				27				5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State			28	+			•	6. Election Campaign Financing Trust Fund Contribution				
Zip 24	2		29	37721	30	DQ.	MARA		Yes No		99.032,	
	<del></del>	nd Address of Curren	t Register	10. Name and Address of New Registered Agent								
LICHTNER, JEFFREY T							81 Name					
	1 NORTHWE					2 Street Address (P.O. Box Number is Not Acceptable)						
SUNRISE FL 33351						83						
						84	City		85	Zip Co	odo	
									FL	·		
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 of the purpose of changing its registered of the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as 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 objections of Section 607.0505, Florida Statutes.											3	
SIGNATURE Signature, typod of prihied name of registered agent and title if applicable (NOT: Registered Agent's gnature require								ad a Language transfer of	4-10	<i>v</i> /		
12.	Signature, typiod ar	OFFICERS AN			(NOTE RE	13.	en a granne regun	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS	IN 12	
TITLE	PD			DELET	E	1.1 TITLE			□ c		Addition	
NAME	LICHTNER	, JEFFREY T				1.2 NAME						
STREET ADDRESS	ress 9471 Northwest 38th Plac			E			1 ADORESS					
CITY-ST-ZIP	SUNRISE	<u>FL</u>				1.4 Cil y -	\$1-ZIP					
TITLE				☐ DELET	E.	2.1 70116			☐ C	hange	Addition	
NAME						2.2 NAME						
STREET ADDRESS						1 ADDRESS						
CITY-ST-ZIP				DELET		2 4 CITY- 3 1 TITLE	ST-ZIP			hange	Addition	
TITLE NAME				L_I DULE	` <b>\</b>	32 NAME			u	ange	Addition	
STREET ADDRESS							T ADDRESS					
CITY-ST-ZIP					1	3.4. CITY						
TITLE				☐ DELE1	E	41 TITLE	<u> </u>		C	hange	Addition	
NAME					1	4. 2 NAME						
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TITLE				DELET	E _	5.1 TITLE			□ c	nange	Addition	
NAME						5.2 NAME	[					
STREET ADDRESS							1 ADDRESS					
CITY-ST-ZIP				BUSY		54 CITY-	ST-ZIP				A delication	
TITLE				DELET	t	61 TITLE				iange	☐ Addition	
NAME						6 2 NAME						
STREET ADDRESS						6.3 STREE	1 Address				ļ	

4. 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 truster ompowered 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 open altaquement with an address.

6.4 CITY - \$1 - ZIP

CIONATURE.

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4-28-97 914- 7242614

**FILED** 

May 15 1997 8:00am

Secretary of State

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