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

**PROFIT CORPORATION** ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

## Sandra Ø. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000007719 (5) DOUGLAS E. LIGHTCAP & ASSOCIATES, INC.

## **FILED** Apr 27 1998 8:00am Secretary of State

Principal Plac		Mailing Address			**************************************	
	NISH WELLS DRIVE	3103 A SPANISH V				
DELRAY BEACH FL 33445		DELHAT BEACH FL	DELRAY BEACH FL 33445		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					01/21/1994	
<del> </del>		2a. Mailing Address	n		4. FEI Number	Applied For
21		26			65:0459582	Not Applicable
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.		5. Certificate of Status Desired	
City P. Stat	10	City & State				<del></del>
City & State		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the curr	
24	25	29	30	•		Yes X No
	9. Name and Address of Cur				10. Name and Address of New Registered	gent
LIKG	HTCAP, DOUGLAS E		8	1 Name		
3103 A SPANISH WELLS DRIVE DELRAY BEACH FL 33445			<b>82</b> Stre		dress (P.O. Box Number is Not Acceptable)	
				_1	The Control of the Cooperator	
			· 8:	3		
			a	4 City		85 Zip Code
			ا ا	City	FL	as Esp Code
	registered agent, or both, in the Start lamiliar with, and accept the ob	ate of Florida. Such change ligations of, Section 607.05/	was authorized b	by the corporates.	ation's board of directors. I hereby accept the appoint	pintment as registered
SIGNATURE	Signature, typing or printed name of agistered	Land title if applicable	(NOTE: Registered A	gent signature requi	pired when reinstating) DATE	
12.	OFFICERS /	THE DIVIDED TO TO	10.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	D	☐ DELET	TË 1.1 TITLE		· ·	Change Addition
NAME	LIGHTCAP, DOUGLAS E		1.2 NAME	2		
STREET ADDRESS	3103 A SPANISH WELLS D	RIVE	1.3 STREI	ET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 C/TY-			TTA: TTA:
TITLE		☐ DELET				Change Addition
NAME			2.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY - ST - ZIP		T BECE	2.4 CITY			Change L Lagren
TITLE		☐ DELET		- 1		Change Addition
NAME			3.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELET	3.4. CITY TE 4.1 TITLE			Change Addition
NAME			4.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		☐ DELET				Change Addition
NAME			5.2 NAME			• -
STREET ADDRESS				ET ADDRESS		
			5.4 CITY-			
CITY-ST-ZIP		DELET				Change Addition
NAME			6.2 NAME			
STREET ADDRESS				ET ADDRESS		
				1		
CITY-ST-ZIP	notify that the information appellac	with this filing door not ou	6.4 CITY-		Contine 110 07/2Vi) Florido Statutas I further con	tify that the information

I nereby 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 informatio 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: