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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000070142

1. Corporation Name

R.E.D. LIGHTHOUSE, INC.

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90086 006 \*\*\*150.00



	·									
Principal Place	e of Business	Ma	ailing Address							
4740 N.E. 22ND AVE. 4740 N.E. 22ND AVE.										
LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064							DO NOT WRITE IN THE	CDACE		
	,						DO NOT WRITE IN THIS  3. Date incorporated or Qualified	SPACE		
	· 						09/23/1994			
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number		Appli	ed For
21		26					65-0521959			Applicable i
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desired		<b>75</b> Adı e Requ	ditional rired
City & Stat	e	<del>-  </del>	City & State	-			6. Election Campaign Financing	<del> \$5</del> :	00 м	av Be
23		28					Trust Fund Contribution		led to	•
Zip	Country		Zip	Coun	ntry		8. This corporation owes the current year Int	angible		/
24	25	29		30			Personal Property Tax.	☐ Yes		<u>l</u> No
	9. Name and Address of Curre	ent Regis	tered Agent				10. Name and Address of New Registered	Agent		
				Ţ.	81	Name				
	VARD S SHAW			}	82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	) NE 22ND AVE									
LIGH	ITHOUSE PT FL 33064			ſ	83					
					84	City		85	Zip Co	de
	•						FL	<b>.</b> { }		
l office or r	egistered agent, or both, in the Stat im familiar with, and accept the oblig	te of Florio gations of	la. Such change was a Section 607.0505, Flo	uthorized rida Statu	tes.	the comoration	ration submits this statement for the purpose of n's board of directors. I hereby accept the appointment reinstating)  DATE	ntment a	s regis	tered
	Signature, typed or printed name of registered at OFFICERS A			13.	Ageni	t signature required	ADDITIONS/CHANGES TO OFFICERS AN	יום טומפי	CTOR	S IN 12
12. TILE	DP OFFICERS F	אוע טואנ	DELETE	1.1 1111	LE		ADDITIONS/OHANGES TO OFFICERS AF	☐ Char		Addition
	SHAW, EDWARD			1.2 NAM				_	-	
NAME	ATAN NE COND AND					ADDRESS				
STREET ADDRESS	LIGHTHOUSE POINT FL 3306	84								
CITY-ST-ZIP	DST		☐ DELETE	1.4 CIT 2.1 TITI		1-217		[] Char	nge	Addition
TITLE	SHAW, RUTH			2.1 MA					-	
NAME	ATTACANT ACTION				ME	ADDRESS				
STREET ADDRESS	LIGHTHOUSE POINT FL 3306									
CITY-ST-ZIP	LIGHTHUUSE FUNIT FL 3300	RA .								
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		64	DELETE?	2. 4 CIT 3.1 TITI 3.2 NAI 3.3 STF	TY-ST LE ME REET	T-ZIP		- Char	nge -	Addition
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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 sypplemental 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 of 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, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR