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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Morthant
Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # P9400076320 (8)

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LIGHTHOUSE	FINANCIAL	SERVICES	USA.	ING.

6505 CRYSTAL BROOK DR P.O. BOX 271349 TAMPA FL 33625 TAMPA FL 33688-1349 3a. Date of Last Report 3. Date Incorporated or Qualified 10/17/1994 04/27/1995 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 65-0379743 Not Applicable 21 26 Suite, Apt. ≱. etc \$8.75 Additional Suite. Apt. #. etc. 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Ζφ 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes **X**No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DAZEY, EDWARD L Street Address (P.O. Box Number is Not Acceptable) 82 6505 CRYSTAL BROOK DR **TAMPA FL 33625** 83 Zip Code 84 City 65 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or profed harne of regiment agent and blind eyetcation Build El Registered Agent signature regimed when resistating (12/95) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1 1 Tille TITLE DAZEY, EDWARD L CR2E034 NAME L2 NAME 6505 CRYSTAL BROOK DR STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33625** 1.4 CITY - ST - ZIP CITY-ST-ZIP STD DELETE Change | nc-tibbA [2.1 TH. F TITLE DAZEY, BARBARA L NAME 2.2 NAME 6505 CRYSTAL BROOK DR 2.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33625** 2 4 City - St - ZiP CITY - ST - ZIP DELETE ☐ Change ■ Addition TITLE 3 1 TIFLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY - ST - ZIP 3.4 CITY - ST - 7/E DELETE. 4 1 TITLE ☐ Chance ☐ Addition TITLE 4.2 NAME NAME

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 aricular report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the composition 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 of an attachment with an address.

SIGNING OFFICER OF DIRECTOR

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