## 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 # P94000076320 (8)

LIGHTHOUSE FINANCIAL SERVICES LISA, INC.

Principal Pla	ace of Business AL BROOK DR	Mailing Address P.O. BOX 271349 TAMPA FL 33688-1349					
	•••				3. Date Incorporated or Qualified 10/17/1994	3a. Date of Last F	Report
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			65-0379743		lot Applicable
Suite, Ap	P. #, €IG.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional lequired
City & St	ate	City & State	***************************************		6. Election Campaign Financing	\$5.00	) May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for		s. 199.032,
24	25 9, Name and Address of Currer	29 Accept	30		Florida Statutes  10. Name and Address of New Re	Yes No	
		iit negistered Agent		81 Name	(U. Hallie and Address of New Ac	Alstered Whelir	
	ZEY, EDWARD L						
6505 CRYSTAL BROOK DR				82 Street Add	ress (P.O. Box Number is Not Acceptal	ble)	
į iA	MPA FL 33625			83			
				84 City		FL 85 Zip	Code
11 Pursuar	of to the provisions of Sections 607.050	02 and 607 1508. Florida Statu	ites the al	nove-named cor	conation submits this statement for the	nurgose of changing	its registered
office o	r registered agent, or both, in the State	of Florida. Such change was	authorize	d by the corpora	poration submits this statement for the pation's board of directors. I hereby acce	pt the appointment a	s registered
1		, / <b>E</b> # //// !	iorida Stat	ules.	4/	(20,00	
SIGNATURI	Signalore, typed or penhad rame of registered ago	ent and title (annicable) (NO	I Proistere	Agent signature regu	ured when reinstating)	DATE	
12.		D DIRECTORS	13/	, , dorn og miner tod.	ADDITIONS/CHANGES TO OFFI		RS IN 12
THILE	PD	☐ DELETE	1.1 70	TLE		Change	Addition
NAME	DAZEY, EDWARD L		1.2 N/	AME			
STREET ADORES	ARAR ARUSTU BRACIU BR		1.3 \$3	REET ADDRESS			
CHY-ST ZiP	TAMPA FL 33625		1	TY - ST - ZIP		•	
TITLE	STD	☐ DELETE	2.1 (			Change	Addition
NAME	DAZEY, BARBARA L		2.2 N/	AMF			
STHEET ADDRES	ATAT ABUATH BRAAL DR			REET ADDRESS			
C-TY+ST-ZIP	TAMPA FL 33625		•	ITY-ST-ZIP			
THUE	7747771 = 00000	DELETE	3.1 11			Change	Addition
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CITY - ST - ZIP				ITY-ST-ZIP			
TILLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	4.1 Ti			☐ Change	Addition
NAME			4. 2 N				
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TITLE		DELETE	5.1 TI			☐ Change	Addition
NAME			52 N				
STREET ADDRES	35			TREET ADDRESS			
CHTY-ST-ZiP				TY-ST-ZIP			
TITLE		DELETE	61 TI			Change	Addition
NAMÉ			6.2 N				
ļ	:e			TREET ADDRESS			
STREET ADORES	3.1		0.53	INECLIADIA(COO			

6.4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

14. 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 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.

**FILED** 

May 09 1997 8:00am

Secretary of State