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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000034317 (4)

LIGHTHOUSE FINANCIAL PLANNING, INC.

FILED Jan 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address	
990 N FEDERAL HIGHWAY 980 N FEDERAL HIGHWAY	
SUITE 206-A SUITE 206-A SUITE 206-A BOCA RATON FL 33432	DO NOT WRITE IN THIS SPACE
	ate Incorporated or Qualified
	5/03/1995
	Number Applied For
	65-0576963 Not Applicable
22 27	ertificate of Status Desired S8.75 Additional Fee Required
[]	ection Campaign Financing \$5.00 May Be ust Fund Contribution
, <u>-</u>	is corporation owes or has paid the current year Intangible
	rsonal Property Tax due June 30. Yes No
lock No.	ame and Address of New Registered Agent
HOPKINS, JOHN O	
4800 N FEDERAL HIGHWAY SUITE 104-A SUITE 104-A	Box Number is Not Acceptable)
BOCA RATON FL 33431	
84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE	
Signature, typed or printed name of registored agent and title if applicable. (NOTE, Registered Agent signature required when refin	
12. OFFICERS AND DIRECTORS 13. ADI	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME SENNA, DOMINICK 12 NAME	
STREET ADDRESS 980 N FEDERAL HIGHWAY, SUITE 206 1.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33432 1.4 CITY-ST-ZIP	
TITLE D LIDELETE 2.1 TITLE	Change Addition
NAME TATE, ANNE 22 NAME	
STREET ADDRESS 980 N FEDERAL HIGHWAY, SUITE 206 2.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33432 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE	☐ Change ☐ Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4, CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE	Change
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	Classes Adversaria
TITLE DELETE 5.1 TITLE	Change Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRES	
CITY-ST-ZIP	Change Addition
	Change Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section. 1	19.07(3)(i). Florida Statutes, I further certify that the information

SIGNATURE: