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

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90088 039 ***150.00

DOCUMENT # P95000034317

1. Corporation Name

LIGHTHOUSE FINANCIAL PLANNING INC

LIGITITIC	JOOL FINANOIAL I LANNII	id, iiio									
Principal Place	e of Business	Mailing Add	dress					<u> 1914 6011 06161</u>	Y KININ Diaro iyi d i		
980 N FEDERAL SUITE 206-A BOCA RATON I	L HIGHWAY	980 N FEDE Suite 206-A	980 N FEDERAL HIGHWAY SUITE 206-A BOCA RATON FL 33432			3.	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed				
							05/03/1995	-,			
2. Principal Pl	face of Business	<u> </u>	2a. Mailing Address			1 -7	FEI Number		_ `	plied For	
21		26					<u>65-0576963</u>			t Applicable	
Suite, Apt.	#, etc.	Suite, A	Apt. #, etc.			5.	Certifcate of Status Desire	d []	\$8.75 A Fee Re	II.	
City & State	е	City & 5	State				Election Campaign Finance Trust Fund Contribution	ing 🗍	\$5.00 Added t		
Zip	Country	Zip		Country		8.	This corporation owes the	current year In			
24	25	29	30	<u> </u>			Personal Property Tax.		(V Yes	□No	
	9. Name and Address of Curre	ent Registered Ac	jent	81	Name	10.	Name and Address of Ne	w Registerea	Agent		
HOPKINS, JOHN O 4800 N FEDERAL HIGHWAY SUITE 104-A BOCA RATON FL 33431						dress (P.	O. Box Number is Not Acc	eptable)			
·	7774174			84	City			≯ Fl	85 Zip (Code 4/87	
 office or re 	to the provisions of Sections 607.05 registered agent, or both, in the Stat m familiar with, and accept the oblig	te of Florida. Such	change was author	orized by	the corporal	rporation ition's bo	n submits this statement for eard of directors. I hereby a	the purpose of	f changing its	registered	
SIGNATURE	Signature, typed or printed name of registered ag	and and title if applicable	(NOTE: Pa	getered Ager	nt signature requi	ired when re	einstation)	DATE		(
12.		AND DIRECTORS	INOTE: Reg	13.	t signature requi		ADDITIONS/CHANGES TO		ND DIRECTO	RS IN 12	
TITLE	Р	☐ DELETE		1.1 TITLE					Change	Addition	
NAME	SENNA, DOMINICK		1.2 NAME			•					
STREET ADDRESS	980 N FEDERAL HIGHWAY, S	SUITE 206		1.3 STREET	TADDRESS						
CITY-ST-ZIP	BOCA RATON FL 33432			1.4 CITY-S1	T-ZIP						
TITLE	₽=		DELETE	2.1 TITLE					Change	☐ Addition	
NAME	FATE, ANNE			2.2 NAME							
STREET ADDRESS	980 N-FEDERAL HIGHWAY, 6	SUITE-206		2.3 STREET	r ADDRESS					ļ	
CITY-ST-ZIP	BOGA RATON FL 33432			2.4 CITY-S	iT-ZIP						
TITLE			☐ DELETE	3.1 TITLE					- Change	. Addition	
NAME				3.2 NAME	1						
STREET ADDRESS				3.3 STREET	r address						
CITY-ST-ZIP				3.4. CITY-S	iT-ZIP						
TITLE			DELETE	4.1 TITLE					Change	☐ Addition	

CITY-ST-ZIP 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 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 ecciver 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, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

□ DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Daytime Phone #

Change

Change

Addition

Addition