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

Mailing Address

1258 S. MILITARY TRL.. #824

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1258 S. MILITARY TRL. #824



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000080507 (3)

LIGHTHOUSE AUTO SERVICE, INC.

**DEERFIELD BEACH FL 33442** 

DEERFIELD E	BEACH FL 33442	DEERFIELD BEACH	DEERFIELD BEACH FL 33442-7865						
						3. Date Incorporated or Qualified 3a. Date of Last Report 06/18/1995			
2. Principal	Place of Business	2a. Mailing Address	Mailing Address			4. FEI Number		Ar	oplied For
21		26				65-0315307	5-0315307 Not Applicable		
Suite, Apt	t #, etc		Suite, Apt. #. etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	ale	City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip <b>24</b>	Country 25	Ζίρ <b>29</b>	30	untry	•	This corporation has liability for intangible tax under s. 199.032,     Florida Statutes     Yes    No			
g. Name and Address of Current Registered Agent				I	10. Name and Address of New Registered Agent				
DUBROW DUKER & ASSOCIATES, P.A.				81	Name				
2840 UNIVERSITY DR. CORAL SPRINGS FL 33065				82	Street Add	eet Address (P.O. Box Number is Not Acceptable)			
				83					
				84	City		FL	<b>65</b> Zip	Code
office or	it to the provisions of Sections 607, registered agent, or both, in the S am familiar with, and accept the o	itate of Florida. Such change	was authoriz	ed by	the corporal	poration submits this statement for the p lion's board of directors. I hereby accep	urpose of cot the appoi	hanging i ntment as	ts registered registered
SIGNATURE	Signature: typed or protect name of registere	d agent and too it applicable	INOTE Registe	ed Age	ent signature requi	red when reinslating)	DATE		
12.	12. OFFICERS AND DIRECTORS 1								
TITLE	D	DELET	TE 1.1	TITLE				Change	Addition
NAME	GIBSON, TOM		1.2	NAME					
CIDICAL ADDRESS 1258 S MILITARY TRI #824				1.3 STREET ADDRESS					

1.4 City - ST-ZIP

2.3 STREET ADDRESS

33 STREET ADDRESS 34. CHY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

2 4 CITY-ST-ZIP

21 TITLE 22 NAME

31 TITLE 32 NAME

4.1 TITLE 4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

DELETE

DELETE

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.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY+S1-ZIP

TITLE

NAME

TITLE

NAME STREET ADURESS

NAME STREET ADDRESS

TITLE NAME

TITLE NAME

CITY - ST - ZIP

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

ATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/8/97 (954)975-4845

**FILED** 

Jan 16 1997 8:00am

Secretary of State

R2F034 (9/96)

Addition

Addition

\_\_\_ Addition

Addition

Addition

Change

Change

Change

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Change