* Amended *

**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

DOCUMENT # P96000013040

1. Corporation Name
Lichti, Inc.

Principal Place of Business
1420 S.E. 3rd Street
Cape Coral, FL 33990

Mailing Address
1505 S.E. 40th Street
Suite C
Cape Coral, FL 33904

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
2/9/96

4. FEI Number
65-0652047

Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent
H.S. Blair & Associates, Inc.
1505 S.E. 40th Street
Suite C
Cape Coral, FL 33904

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
(Signature: Specify printed name of registered agent, one for all, if applicable) (NOTE: Registered Agent signature required when relocating) DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD [ ] DELETE
NAME Lichtenberg, Werner
STREET ADDRESS 809 Glenn Avenue
CITY-ST-ZIP Lehigh Acres, FL 33936
TITLE VPD [X] DELETE
NAME Lichtenberg-Ramp, Brigitte
STREET ADDRESS 809 Glenn Avenue
CITY-ST-ZIP Lehigh Acres, FL 33936
TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[X] Change [ ] Add/Delete

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
-04/23/99--01016--012
*****35.00 *****35.00
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
-04/23/99--01016--013
*****26.25 *****26.25
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE [ ] Change [ ] Add/Delete
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE [ ] Change [ ] Add/Delete
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE [ ] Change [ ] Add/Delete
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

B 4/20/99 99AR

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 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, with all other like empowered.

941-
365-1999

**SIGNATURE:** Werner Lichtenberg, Dir. 4/1/99
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR