

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

FILED

Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000025799 (3)

1. Corporation Name
THE LANTERN GROUP, INC.

Principal Place of Business
444 SEABREEZE BLVD STE 800
DAYTONA BEACH FL 32118

Mailing Address
P O BOX 15110
DAYTONA BEACH FL 32115

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/19/1996

4. FEI Number
59-3373077

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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 7 CARRINGTON LANE
Suite, Apt. #, etc.

2a. Mailing Address
26 7 CARRINGTON LANE
Suite, Apt. #, etc.

22 City & State
23 ORMOND BEACH, FL
Zip Country
24 32174-3897 25 Volusia

26 City & State
28 ORMOND BEACH, FL
Zip Country
29 32174-3897 30 Volusia

9. Name and Address of Current Registered Agent

MURPHY, JOHN F
7 CARRINGTON LANE
ORMOND BEACH FL 32174-3897

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	SECRETARY
NAME	MURPHY, JOHN F	1.2 NAME	EIAINE A. MURPHY
STREET ADDRESS	7 CARRINGTON LANE	1.3 STREET ADDRESS	7 CARRINGTON LANE
CITY-ST-ZIP	ORMOND BEACH FL 32174-3897	1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174-3897
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(j), 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: JOHN F. MURPHY President

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