

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000039803 ✓

1. Corporation Name
LIGHTHOUSE DESIGNS, INC.

Principal Place of Business
362 NORTHEAST CAMELOT DRIVE
PORT SAINT LUCIE FL 34983

Mailing Address
362 NORTHEAST CAMELOT DRIVE
PORT SAINT LUCIE FL 34983

2. Principal Place of Business
2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 607.0502 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 _____ (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PTD
COHL, ROSS
362 NORTHEAST CAMELOT DRIVE
PORT SAINT LUCIE FL 34983

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VSD
COHL, CRISTINA M
362 NORTHEAST CAMELOT DRIVE
PORT SAINT LUCIE FL 34983

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/08/1996

4. FEI Number
65-0658031

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 ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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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 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: _____ 7/6/99 561 8789946

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
99 JUL 13 AM 11:46
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

0109803

CR2E034 (5/99)

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Lighthouse Designs, Inc.
362 NE Camelot Drive
Port St. Lucie, FL 34983
(561) 878-9946

State

second notice on corporation filing fee. I went through my
it was filed on 12/26/98 and \$150.00 was paid by
On further research I was not able to locate cancelled
that check 1557 was not cashed so I am
number 1652. I am also enclosing a copy I
filed in December 1998.

at the form was sent and that a check for the fees was in
from there I couldn't say how it was lost or by whom.
to speak to me I am available most weekdays at (561)878-9946 .