

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 # P96000047593

1. Corporation Name

LIGHTHOUSE MORTGAGE GROUP, INC.

Principal Place of Business

3450 NORTHLAKE BLVD  
STE 208  
PALM BEACH GARDENS FL 33403  
US

Mailing Address

3450 NORTHLAKE BLVD  
STE 208  
PALM BEACH GARDENS FL 33403  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CRUISE, RAYMOND F  
766 LAKESIDE DR  
N PALM BEACH FL 33408

3. Date Incorporated or Qualified

05/30/1996

4. FEI Number

65-0678859

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 ☒ No

10. Name and Address of New Registered Agent

81 Name

CRUISE, RAYMOND F

82 Street Address (P.O. Box Number is Not Acceptable)

19 VIA VERONA

83

84 City

PALM BEACH GARDENS, FL

85 Zip Code

33418

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
ST  
CRUISE, AREE LEENA  
STREET ADDRESS  
766 LAKESIDE DR  
CITY-ST-ZIP  
N PALM BCH FL

TITLE ☐ DELETE

NAME  
PD  
CRUISE, RAYMOND F  
STREET ADDRESS  
766 LAKESIDE DRIVE  
CITY-ST-ZIP  
NO PALM BEACH FL 33408

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
CRUISE, AREE LEENA  
1.3 STREET ADDRESS  
19 VIA VERONA  
1.4 CITY-ST-ZIP  
PALM BEACH GARDENS, FL 33418

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
CRUISE, RAYMOND F  
2.3 STREET ADDRESS  
19 VIA VERONA  
2.4 CITY-ST-ZIP  
PALM BEACH GARDENS, FL 33418

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90245 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)