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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DONALD LIGHT, INC.

appears in Block 12 or Block 13

Principal Place of Business

100 WALLACE AVE 100 WALLACE AVE SUITE 260 SUITE 260 SARASOTA FL 34237 SARASOTA FL 34237-8044 3. Date Incorporated or Qualified 3a. Date of Last Report 06/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0672546 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, 25 29 Florida Statutes Yes No 24 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LIGHT, DONALD F 100 WALLACE AVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 260 83 SARASOTA FL 34237 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) 12. 13. DELETE Change ___ Addition 11 TITLE P/T/S TITLE NAME DONALD LIGHT 1.2 NAME 1.3 STREET ADDRESS 1075 LEWIS AVE STREET ADDRESS SARASOTA, FL 34237 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS CHTY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME **33 STREET ADDRESS** STREET ADDRESS 3 4. CITY - ST - ZIP CITY - ST - ZIP Change DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIF City - St - ZiP Change DELETE Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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 on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

DONALD F. LIGHT,

| FILED |
|--------------------|
| May 09 1997 8:00am |
| Secretary of State |

Daylime Phone i

