

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

FILED

Feb 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000060030 (9)

1. Corporation Name  
CARDS OF THE LIGHT, INC.



Principal Place of Business

C/O LAW OFFICES OF JENNIFER L. WHITELAW  
800 HARBOUR DR SUITE 1000  
NAPLES FL 33940

Mailing Address

C/O LAW OFFICES OF JENNIFER L. WHITELAW  
800 HARBOUR DR SUITE 1000  
NAPLES FL 34103-4451

3. Date Incorporated or Qualified  
07/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 850 Park Shore Drive

Suite, Apt. #, etc.

22 Suite 203

City & State

23 Naples, FL

Zip

Country

24 34103-3587

2a. Mailing Address

26 850 Park Shore Drive

Suite, Apt. #, etc.

27 Suite 203

City & State

28 Naples, FL

Zip

Country

29 34103-3587

4. FEI Number

65-0700039

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

WHITELAW, JENNIFER L  
800 HARBOUR DR  
SUITE 1000  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

Whitelaw, Jennifer L.

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

850 Park Shore Drive, Suite 203

83

84

City  
Naples,

FL

85 Zip Code

34103-3587

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  
D  
NAME  
PENNEY, CONNIE N  
STREET ADDRESS  
6052 18TH AVE SW  
CITY-ST-ZIP  
NAPLES FL 33999

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 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: *(Connie N. Penney)* **Connie N. Penney** February 4, 1997 (941) 455-7550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)