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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999



DOCUMENT # P97000008587

LIGHTPORT ADVISORS, INC.

Principal Place of Business 6234 GRAND BLVD.. SUITE 212 NEW PORT RICHEY FL 34652 Mailing Address

6234 GRAND BLVD.. SUITE 212 NEW PORT RICHEY FL 34652

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90080 005 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					01/28/1997	
2. Principal Pl	lace of Business	2a. Mailing Address		_	4. FEI Number Applied	d For
21	<u> </u>				59-3433192 Not Ap	plicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5: Certificate of Status Desired Fee Requir	
City & State				=	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Added to Fe	
23 Zip .	Country	Zip	Countr		This corporation owes the current year Intangible	
─ 1 '	25	⊢	30	,	Personal Property Tax.	No
24	9. Name and Address of Current		30		10. Name and Address of New Registered Agent	
	J. Hallo dila Madiada di Cartalia		81	Name		
BEN	TLEY, JONATHAN P JR		82	01	Address (D.O. Bay Number in Not Accontable)	
6234 GRAND BLVD., SUITE 212				Street A	Address (P.O. Box Number is Not Acceptable)	
_ NEW	PORT RICHEY FL 34652		83	3		
•						
			84	City	FL 85 Zip Code	е
44 Dumuin=1	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	s the abov	l /e-named d	corporation submits this statement for the purpose of changing its regi	stered
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation	í Florida. Such change was au	ithorized by	/ the corpo	oration's board of directors. I hereby accept the appointment as registe	ered
SIGNATURE		NOTE:	Ossistand An		equired when reinstating) DATE	
12,	Signature, typed or printed name of registered agent a OFFICERS AND		13.	ant signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TITLE	PSTD	DELETE	1.1 TITLE		1	Addition
	BENTLEY, JONATHAN P JR		1.2 NAME		17170	
NAME	ASSE OBAND BLUD CHITE MA			ET ADDRESS		
STREET ADDRESS	NEW PORT RICHEY FL 34652			i		
CITY-ST-ZIP	NEW FORT RICHET TE 34002	[] DELETE	1.4 CITY+\$T-ZIP 2.1 TITLE		S/D Change	Addition
TITLE	\$		2.2 NAME		PAUL R. GUNTER 6234 GRAND BLVD, SUITE 212 NEW PORT RICHEY, FL 34652	
NAME				ET ADDRESS	LOZI GOANN BLUD SUITE 212	
STREET ADDRESS				OT TO	Non Par Provincy El 34/50	
CITY-ST-ZIP	5.4	□ DELETE	2. 4 CITY- 3.1 TITLE	SI-ZP	Change [Addition
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CITY-ST-ZIP			4.4 CITY-		По Г	□ Additi-
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CITY-ST-ZIP			5.4 CITY-			
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NAME	}		6.2 NAME			
STREET ADDRESS	I P		6.3 STREI	ET ADDRESS		
CITY-ST-ZIP	1 A Sec. 9		6.4 CITY-			
14. I hereby	certify that the information supplied with	this filing does not qualify for	the exemp	tion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the infor	mation

4. 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 informatio 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:

TURE AND THE PRINTED HAIR OF SIGNING OFFICER OR DIRECTO

MTLEY JR. 4/5/99 727.849-9

CR2E034 (11/98)