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 # P97000014838

1. Corporation Name

LAMPLIGHTER MHP, INC.

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90065 022 ***150.00



Principal Place of Business Mailing Address) immitant ten imite immit amite amite	*****		* ******	
A			•							
C/O NORTON S. LARNO 16255 VENTURA BOULEVARD, PENTHOUSE SUITE ENCINO CA 91436-2363		C/O NORTON S. LARNO 16255 VENTURA BOULEVARD. PENTHOUSE SUITE ENCINO CA 91436-2363			DO NOT WRIT	E IN THIS	SPACE			
						3. Date incorporated or Qualifed				1
						1			!	
0 = 1 :		2n Mailine Address				02/14/1997 4. FEI Number		1 Ar	oplied For	
 1	ace of Business	2a. Mailing Address				1			ot Applicable	
21		26 Suite, Apt. #.etc.				58-2289678			Additional	-
Suite, Apt. i	#, etc	27				5. Certificate of Status Desired			equired	Ì
City & State		City & State				6. Election Campaign Financing			May Be	İ
— ·		28				Trust Fund Contribution			to Fees	
23 Zip	Country	Zip Country			8. This corporation owes the curre	nt vear Inta				
¬ '	25	29 30				Personal Property Tax.	,	☐Yes	□No	ļ
24	9. Name and Address of Current					10. Name and Address of New Ro	gistered /	Agent		
	or Hame and Products of Carrons		-	81	Name					
LARS	SON, ROGER A		99 - Chryst			Hann /D.O. Boy Mumber in Not Accontable)				
	CHESTNUT STREET	82 S			Street Addre	ess (P.O. Box Number is Not Acceptate	ne)			}
	NRWATER FL 34616	83								
								las at	0-1-	ļ
				84	City		FL	85 Zip	Code	١
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	the ab	ove-	named corpo	ration submits this statement for the p	urpose of	changing its	registered	1
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	it Florida. Such change was auti	norizea	DV II	he corporation	n's board of directors. I hereby accept	the appoir	tment as re	egistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	legisterert	Agent	signature required	when reinstating)	DATE			١,
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	ORS IN 12] }
TITUE	D	☐ DELETE 1.1 TII		le.				Change	☐ Addition	3
NAME	KARNO, NORTON S			ME						;
STREET ADDRESS	ASSES AND THE PROPERTY OF THE			REET A	ADDRESS					1
CITY-ST-ZIP				IY-ST-	1) 6
TITLE			2.1 TITLE		•		☐ Change	☐ Addition] (
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CITY-ST-ZIP				TY-ST]
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CITY-ST-ZIP			3.4. CI							
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]			4.4 CI							
TITLE		☐ DELETE	5.1 TITLE			······································		Change	☐ Addition	1
NAME		_	5.2 NAME							
	·				ADDRESS					
STREET ADDRESS			5.4 CIT		ĭ					1
CITY-ST-ZIP						·		Change	Addition	1
			6.2 NA							
NAME					ADDRESS					
STREET ADORESS			6.4 CITY-ST-ZIP							
CITY-ST-ZIP	l		V VIII							J

14. I hereby certify at: at 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.