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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P97000015525

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90129 020 ***150.00

LIGHTH	ouse address systems	, INC.							
Principal Place	e of Business	Mailing Address				1	DIAL UDIIL DOM DUKAI	HERDI BILET BERIO	(201 21() 100)
210 N. GOLDE		8143 BRITT DRIVE							
B-9 ORLANDO FL 32822 ORLANDO FL 32807 US						DO NOT	WOITE IN THIS	SPACE	
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
US						02/14/1997	Ga		l
2 Principal P	lace of Business	2a. Mailing Address			 -	4. FEI Nu mber		Ar	p jed For
21 2143 - Britt Dr. 26						59-3431192		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desir	ed []	\$8.75	Ac ditional
22 27						5. Certificate of Status Desir		Fee Re	q uired
City & State						6. Election Campaign Finan	cing	\$5.00	Мау Ве
23 Orlando, FL 28						Trust F and Contribution Added		to Fees	
Zip Coun ry Zip			Country			8. This corporation owes the	e current year Int		
24 ろん8	26 25 60	29	30			Person al Property Tax.	D	Yes	[3No
	9. Name and Addiess of Currer	nt Registered Agent		81	Nome .	10. Name and Address of N	iew Registere i	Agent	
DI CI	MMONS PALIED			"	Name				
PLEMMONS, PAUL D 8143 BRITT DRIVE				82	Street Ad	Iress (P.O. Box Number is Not Ac	ceptable)		
			83						
ONE	ANDO FL 32822			03					
				84	City		FL	85 Zip	Code
	to the provisions of Sections 607.050	20 CO7 4500 Fl Pt			nomad sa	poration submits this statement for		Cobonaina its	registered
11 Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida. Such change was a	uthorized	bove by t	he corporat	ion's board of directors. I hereby	accept the appoi	intment as re	gistered
agent. i a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Stati	utes.					
SIGNATUR E	- Consistent on	at and able if configuration (NOT	· Conistered	Agent	signature regul	red when reinstating)	DATE		
12.	Signature, typed or printed nar ie of registered age	NC DIRECTORS	13.	Agent	. signature requ	ADDITIC NS/CHANGES TO		ND DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 TI	TLE				Change	☐ Addition
NAME	PLEMMONS, PAUL D		1.2 N/	ME					
STREET ADDRES S	ALIA DOUTT ODBIE		1357	REET.	ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32822		14 CI	TY-ST	-ZIP				
TITLE				2.1 TITLE				Change	Addition
NAME			2.2 N/	ME					
STREET ADDRESS			→* 2.3 ST	REET	ADDRESS -				
CITY-ST-ZIP			2.4 C	ITY-SI	r-ZIP				
TITLE		☐ DELETE	3.1 TI	πE				☐ Change	Addition
NAME								Gridinge	
STREET ADDRES S	İ.		3.2 N/	ME				ondinge	
CłTY-ST-ZIP					ADDRESS			onlinge	
TITLE			3.3 S	REET					ETI Addition
		☐ DELETE	3.3 S ⁻	REET				☐ Change	☐ Addition
NAME		☐ DELETE	3.3 S	TREET					Addition
NAME STREET ADDRESS		☐ DELETE	3.3 S ⁻ 3 4. C 4.1 TI 4 2 N	TREET ITY-SI TLE AME					☐ Addition
			3.3 S ² 34. C 4.1 TI 4 2 N 4 3 S ² 44 CI	TREET ITY-SI TLE AME TREET TY-ST	T-ZIP ADDRESS			☐ Change	
STREET ADDRESS		☐ DELETE	3.3 S ² 34, C 4.1 TI 4 2 N 4 3 S ² 44 CI 5 1 TI	TREET ITY-SI TLE AME TREET TY-ST TLE	T-ZIP ADDRESS				Addition
STREET ADDRESS			3.3 S ² 34.C 4.1 TI 4 2 N 4 3 S ² 44 CF 5 1 TI 5.2 No	TREET ITY-ST TLE AME TY-ST TLE AME	T-ZIP ADDRESS -ZIP			☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE			3.3 S 34, C 4.1 TI 4 2 N 4 3 S 44 Cl 5 1 TI 5.2 N 5.3 S	TREET TLE AME TREET TY-ST TLE AME	ADDRESS -ZIP ADDRESS			☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.3 S' 34. C 4.1 TI 4. 2 N 4.3 S' 4.4 CI 5.1 TI 5.2 N 5.3 S' 5.4 CI	TREET ITY-ST TLE TY-ST TLE AME TY-ST TLE AME TREET TY-ST	ADDRESS -ZIP ADDRESS			☐ Change	Addition
STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE			3.3 S' 34. C 4.1 TI 4 2 N 4 3 S' 44 CI 51 TI 52 N 5.3 S' 5.4 GI 6.1 TI	TREET TLE AME TY-ST TLE AME TREET TLE TREET TREET TY-ST TLE TREET	ADDRESS -ZIP ADDRESS			☐ Change	
STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME		☐ DELETE	3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 3.4 C 5.1 TI 5.2 N 5.3 S 5.4 C 6.1 TI 6.2 N 6.2 N 6.2 N 6.2 N 6.2 N 6.3 TI 6.3 TI 6.3 N 6.3 TI 6.3 N 6.3 TI 6.3 TI 6.3 N 6.3 TI 6.	TREET ITY-ST TILE AME TY-ST TILE AME TREET TY-ST TY-ST TY-ST TY-ST TY-ST TY-ST	ADDRESS -ZIP ADDRESS -ZIP			☐ Change	Addition
STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE		☐ DELETE	33.5° 34.C 4.1 TI 4.2 N 4.3 S 4.4 CI 5.1 TI 5.2 N 5.3 S 5.4 CI 6.1 TI 6.2 N 6.3 S	TREET ITY-ST TILE AME TY-ST TILE AME TREET TY-ST TY-ST TY-ST TY-ST TY-ST TY-ST	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP			☐ Change	Addition

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 Chapte 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachinent with an address, with all other like empowered.

SIGNATURE: