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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000057208 (5)

LIGHTHOUSE TECHNOLOGY, INC.

Principal Place of Business Mailing Address 4083 ORLEANS LN. 4083 ORLEANS LN. SARASOTA FL 34232 SARASOTA FL 34232 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0764846 Not Applicable 26 Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees Trust Fund Contribution 28 Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SILVER, DENNIS S 2250 GULF GATE DR., STE. B Street Address (P.O. Box Number is Not Acceptable) SARAŞOTA FL 34231 83 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, DELETE **DPST** Change Addition TITLE 1.1 TITLE LIGHT, AL NAME 1.2 NAME 4083 ORLEANS LN. STREET ADDRESS 1,3 STREET ADDRESS **SARASOTA FL 34232** CITY-ST-ZIP 1.4 CiTY - ST- ZiP DELETE 2.1 TITLE ☐ Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE __ Change TITLE 4.1 TITLE ___ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change __ Addition TITLE 51 TITLE 5.2 NAME STREET ADDRESS 5.9 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE □ DELÊTE 61 TITLE Change ■ Addition

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

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 Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4/22/98

941/371-3060

FILED

Apr 29 1998 8:00am

Secretary of State