

LAW OFFICES  
WICH, WICH & WICH, P.A.  
A PROFESSIONAL ASSOCIATION

DONALD A. WICH, JR.\*  
THOMAS M. WICH  
JAMES J. WICH

\*BOARD CERTIFIED CIVIL TRIAL LAWYER

SUITE 620 • COASTAL TOWER  
2400 EAST COMMERCIAL BOULEVARD  
FT. LAUDERDALE, FLORIDA 33308

TELEPHONE (954) 776-1600  
TELEFAX (954) 776-1675

P97000084649

October 21, 1997

Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

000002340350--4  
-11/06/97--01002--039  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

RE: STATEMENT OF CHANGE OF REGISTERED OFFICE/AGENT -  
LIGHTHOUSE POINT, INC.

Dear Sir/Madam:

Enclosed is the original Statement of Change of Registered Office or Registered Agent or Both for Corporation regarding the above corporation.

If you have any questions, please do not hesitate to contact me.

Sincerely,

JAMES J. WICH

RECEIVED  
97 OCT 23 AM 8:00  
DIVISION OF CORPORATIONS  
Enclosure

FILED  
97 NOV -3 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. Chang

LF 11-3-97

~~\*1055, 2267, 767\*~~



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

October 28, 1997

James J. Wich, Esquire  
% Wich, Wich & Wich, P.A.  
2400 E. Commercial Blvd., Suite 620  
Ft. Lauderdale, FL 33308

SUBJECT: LIGHTHOUSE POINT, INC.  
Ref. Number: P97000084649

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The fee to file your document is \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6910.

Louise Flemming-Jackson  
Corporate Specialist Supervisor

Letter Number: 997A00052361

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2400 EAST COMMERCIAL BOULEVARD  
FT. LAUDERDALE, FLORIDA 33308  
TELEPHONE (954) 776-1600  
TELEFAX (954) 776-1675

October 30, 1997

Ms. Louise Flemming-Jackson  
Corporate Specialist Supervisor  
Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

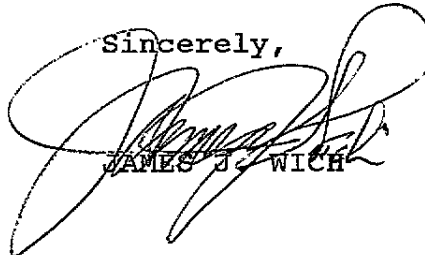
**SUBJECT: LIGHTHOUSE POINT, INC.**  
**Ref. Number: P97000084649**  
**Letter Number: 997A00052361**

Dear Ms. Flemming-Jackson:

Pursuant to your letter (a copy of which is attached), enclosed is our Trust Account Check number 03842 in the sum of \$35.00 representing the filing fee for the Statement of Change of Registered Agent regarding the above subject. A copy of the Statement has been sent to UCC Filing & Search Services, Inc.

Thank you for your attention to this matter.

Sincerely,



JAMES J. WICH

JJW:pkw

Enclosures

Florida Department of State, Sandra B. Mortham, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: LIGHTHOUSE POINT, INC.

2. The mailing address of the corporation is: 2410 North Federal Highway  
Lighthouse Point, Florida 33064

3. Date of incorporation/qualification: 09/30/97 Document number: P97000084649

4. The name and address of the current registered agent and office:

UCC Filing & Search Services, Inc.  
526 E. Park Avenue  
Tallahassee, FL 32301

FILED  
97 NOV -3 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Herb Shackleton President  
Lighthouse Point, Inc.  
2410 North Federal Highway  
Lighthouse Point, Florida 33064

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Herb Shackleton President  
(Signature of an officer, chairman or vice chairman of the board)

X 10/21/97  
(Date)

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Herb Shackleton  
(Signature of Registered Agent)

X 10/21/97  
(Date)

If signing on behalf of an entity:

Herb Shackleton  
(Typed or Printed Name)

President  
(Capacity)