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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

REMCRAFT LIGHT

396412

(9)

REMCRAFT LIGHTING PRODUCTS, INC.

REMORATI LIGHTING PRODUCTS, INC.				
Principal Place of Business Mailing Address				
		e e		
12870 NW PO BOX 54		12870 NW 45TH AVE PO BOX 54 1487		
MIAMI FL 3		MIAMI FL 33054		DO NOT WRITE IN THIS SPACE
1				3. Date incorporated or Qualified
				02/25/1972
2. Principal Place of Business		2s. Mailing Address		4. FEI Number Applied For
21		26		31-0812626 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible
24	25	29 30	<u>ol</u>	Personal Property Tax due June 30. X Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DORROY M. I. 81 Name				
	ROBBOY, M J		o Name	
12870 NW 45TH AVE 82 S			82 Street Ac	ddress (P.O. Box Number is Not Acceptable)
	MAMI, FL		-	
3	3054		83	
			84 City	85 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
agent. I am lamiliar with, and accept the obligations of, Section 607 0505, Florida Statutes.				
SIGNATURE				
	Signature, typical or profest name of registered age		legistered Agent signature re	<u> </u>
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ROBBOY, MITCHELL J	LJ beter		A change D Account
NAME	12870 N W 45TH AVE		1.2 NAME	
STREET ADORESS	MIAMI, FL 00000		1.3 STREET ADDRESS	
CITY-ST-ZIP	D D	DELETE	1.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	ROBBOY, STANLEY G.	C) bettie	2 1 TITLE	Change C Rodillott
NAME	5 HAMPSHIRE CT		22 NAME	
STREET ADDRESS	NEWPORT BEACH CA	1	2.3 STREET ADDRESS	
CITY-ST-ZIP	D DENOTION	DELETE	2. 4 CITY-ST-ZIP	Change Addition
TITLE	REIN.WILLIAM F.	טונגונ 🗀 עונגונ	3.1 TITLE	T original Tayloringii
NAME	26201 RICHMOND RD.		3.2 NAME	
STREET ADDRESS	CLEVELAND OH		3.3 STREET ADDRESS	
CITY-ST-ZIP	S S S S S S S S S S S S S S S S S S S	DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	STEBNICKI, MAVIS	T Detta	4.1 TITLE	C Outuile C virginion (
NAME	12870 N W 45TH AVE		4. 2 NAME	
STREET ADDRESS	MIAMI, FL 00000		4.3 STREET ADDRESS	
CITY-ST-ZIP	MICHII, FL UUUU	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
TITLE		FT DECEN		C Outsings C Monthly
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP	Change Addition
TITLE		L_J DELETE	6.1 TITLE	
NAME			6.2 NAME	
STREET ADORESS			6.3 STREET ADDRESS	

GNATURE: M.J. Robber 2/22/98 395-687-9081

14. I hereby certify that the information supplied with this filing does not qualify for the exemption state in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 receivit for 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 attactional time that it with an address.