

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 418756

(3)

1. Corporation Name

LEED LIGHTING DISTRIBUTORS, INC.

**APPROVED
AND
FILED**

95 MAY - 1 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**14360 S. TAMiami TRAIL
FT MYERS FL 33912**

Mailings Address

**14360 S. TAMiami TRAIL
FT MYERS FL 33912**

OR, PRINT, WRITE IN THIS SPACE

3. Date of Incorporation or Organization 02/09/1973	3a. Date of Last Report 08/12/1994
4. FET Number 59-1450999	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. The corporation has liability for attempted fee under § 190.005, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. Jan. President	28. Jan. President
24. Feb. President	29. Feb. President
25. Mar. President	30. Mar. President

9. Name and Address of Current Registered Agent

**ASTRIN, LEONARD
5819 TALLOWOOD CR SW
FT MYERS FL 33907**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL 33912
83. City	

11. Pursuant to the provisions of Sections 607.1502 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0405, Florida Statutes.

SIGNATURE:

Signature of Registered Agent or Agent in Charge

Signature of Registered Agent or Agent in Charge

AT:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME STDV ROSENBERG, DARRYL	12.2 STREET ADDRESS 8411 CHARTER CLB CR 1201 FT. MYERS FL	13.1 NAME VTSD Astrin, Janet	☒ Change ☒ Addition
12.3 NAME PD ASTRIN, LEONARD	12.4 STREET ADDRESS 5819 TALLOWOOD CR SW FT. MYERS FL	13.2 NAME Rosenberg, Darryl	☒ Change ☐ Addition
12.5 NAME	12.6 STREET ADDRESS	13.3 NAME	☐ Change ☐ Addition
12.7 NAME	12.8 STREET ADDRESS	13.4 NAME	☐ Change ☐ Addition
12.9 NAME	12.10 STREET ADDRESS	13.5 NAME	☐ Change ☐ Addition
12.11 NAME	12.12 STREET ADDRESS	13.6 NAME	☐ Change ☐ Addition
12.13 NAME	12.14 STREET ADDRESS	13.7 NAME	☐ Change ☐ Addition
12.15 NAME	12.16 STREET ADDRESS	13.8 NAME	☐ Change ☐ Addition
12.17 NAME	12.18 STREET ADDRESS	13.9 NAME	☐ Change ☐ Addition
12.19 NAME	12.20 STREET ADDRESS	13.10 NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law (see § 190.005, Florida Statutes). Further, I certify that the information is complete and correct, and that I am an officer or director of the corporation or the person or persons responsible for preparing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in any other document filed in addition.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 813 452.300/