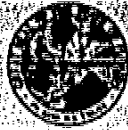


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H67202 (2)
1. Corporation Name
AMERICAN LIGHTING AND SIGNALIZATION, INC.

FILED
95 JAN 27 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1190 U.S. 301 1190 U.S. 301
PARRISH FL 34219-9450 PARRISH FL 34219-9450

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/18/1985	3a. Date of Last Report 03/02/1994
21		26		4. FEI Number 59-2554039	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				FL	B5 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBOTT, MERLE L., JR.	1.2 NAME	
STREET ADDRESS	2420 222ND ST. E.	1.3 STREET ADDRESS	
CITY- ST- ZIP	BRADENTON FL	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASPLUNDH, ROBERT H	2.2 NAME	ASPLUNDH, ROBERT H
STREET ADDRESS	2700 ALNWICK ROAD	2.3 STREET ADDRESS	2700 ALNWICK RD
CITY- ST- ZIP	BRYN ATHYN PA	2.4 CITY- ST- ZIP	BRYN ATHYN PA
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWYER, JOSEPH P	3.2 NAME	
STREET ADDRESS	419 SHOEMAKER WAY	3.3 STREET ADDRESS	
CITY- ST- ZIP	LANSDALE PA	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASPLUNDH, BARR E.	4.2 NAME	
STREET ADDRESS	1588 SKIPPACK PIKE	4.3 STREET ADDRESS	
CITY- ST- ZIP	FT. WASHINGTON PA	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASPLUNDH, CARL HJ., JR	5.2 NAME	
STREET ADDRESS	2870 SUGAN RD	5.3 STREET ADDRESS	
CITY- ST- ZIP	SOLEBURY PA	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASPLUNDH, E. BOYD	6.2 NAME	
STREET ADDRESS	DALE RD.	6.3 STREET ADDRESS	
CITY- ST- ZIP	BRYN ATHYN PA	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph P. Dwyer* *Joseph P. Dwyer* *1/20/95* *215 784 4200*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #
SECRETARY-TREASURER