

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

**APPROVED
AND
FILED**

REGISTRATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
425-N B. Mallway
Tallahassee, Florida
Telephone: (904) 493-3441

MAY 10 AM 10:35

DOCUMENT # **J79445** (9)

SPECIALTY LAMP INTERNATIONAL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Description of Business		2a. Mailing Address		3. Date of Incorporation/Qualification	3a. Date of Last Report
21		26		06/24/1987	04/28/1994
22		27		4. Filing Number	Applied For
23		28		59-2823997	Not Applicable
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. The corporation has liability for income tax under S. 199(3)(2), Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WILLRUTH, W.B. 1001 N RIO VISTA FT. LAUDERDALE FL 33301				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				FL	

11. Pursuant to the provisions of Sections 607.0507 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: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995
1. NAME: PS WILLRUTH, W. B. 2. STREET ADDRESS: 3171 JASMINE DR. 3. CITY: DELRAY BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 1.19(3)(b) Florida Statutes. I further certify that the information indicated on this annual report or supplement of annual report is true and accurate and that my corporation has paid the current legal fees for all records relating to this filing, and on behalf of the corporation or the recipient of a notice of liability, I have signed and returned this report as required by Chapter 199-10, Florida Statutes, and that my name appears on Block 12 or Block 13 of changes or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-95 429-0030