

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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000050087 (4)

1. Corporation Name
DADE BULB, INC.



Principal Place of Business 12441 S. DIXIE H WY. MIAMI FL 33156 US	Mailing Address 4100 N. POWERLINE ROAD SUITE H-5 POMPANO BEACH FL 33073 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12441 S. DIXIE HWY Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip 24 33156 Country 25 USA	2a. Mailing Address 26 AS ABOVE Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 07/19/1993	4. FEI Number 65-0424327 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FABIAN, RONALD M 872 E OAKLAND PARK BLVD OAKLAND PARK FL 33334	10. Name and Address of New Registered Agent 81 Name JAKE GERSOWSKY 82 Street Address (P.O. Box Number is Not Acceptable) 4100 N. POWERLINE ROAD 83 SUITE H-5, POMPANO BEACH 84 City POMPANO BEACH FL 85 Zip Code 33073
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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 **JAKE GERSOWSKY** **CONTROLLER** **3/4/98**
Signature, typed or printed name, title, and date of filing are required. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FABIAN, RONALD M	1.2 NAME	PRESIDENT
STREET ADDRESS	872 E OAKLAND PARK BLVD	1.3 STREET ADDRESS	RON FABIAN
CITY-ST-ZIP	OAKLAND PARK FL 33334	1.4 CITY-ST-ZIP	4100 N. POWERLINE ROAD, SUITE H-5
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	POMPANO BEACH, FL 33073
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JAKE GERSOWSKY** **CO** **3/4/98** **(954) 984-9136**

CR2E034 (10/97)