


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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90078 029 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000050087**

1. Corporation Name  
**DADE BULB, INC.**



Principal Place of Business 12451 S DIXIE HWY 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	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/19/1993	4. FEI Number 65-0424327	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  GERSOWSKY, JAKE 4100 N POWERLINE RD STE H-5 POMPANO BEACH FL 33073		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FABIAN, RONALD M		1.2 NAME	
STREET ADDRESS 4100 N POWERLINE RD STE H-5		1.3 STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL 33073		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME ASHLEY HENNINGS	
STREET ADDRESS		2.3 STREET ADDRESS 12451 S. DIXIE HWY	
CITY-ST-ZIP		2.4 CITY-ST-ZIP MIAMI, FL 33156	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE V. PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME PETER STOLLER	
STREET ADDRESS		3.3 STREET ADDRESS 6519 VIA BENITA	
CITY-ST-ZIP		3.4 CITY-ST-ZIP BOCA RATON, FL 33433	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME JAKE GERSOWSKY	
STREET ADDRESS		4.3 STREET ADDRESS 4100 N. POWERLINE ROAD # H-5	
CITY-ST-ZIP		4.4 CITY-ST-ZIP POMPANO BEACH, FL 33073	
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, with all other like empowered.

SIGNATURE: *JAKE GERSOWSKY* SIGNATURE JAKE GERSOWSKY 2/19/99 954 984 - 9136  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)