

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

224-95 B-1514-C

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:49

DOCUMENT # **P94000009394 (5)**

1. Corporation Name
HOME ILLUMINATIONS, INC.

Principal Place of Business Mailing Address
2261 NW 70TH LANE MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (or Reincorporation) **02/04/1994** 3a. Date of Last Report **N/A**
4. FEI Number **65-0467689**
5. Certificate of Status Document \$8.75 Additional Fee Required
6. Election Campaign Finances (Trust Fund Contribution) \$5.00 May Be Added to Fees
8. This corporation has failed to attempt to comply with the provisions of Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 **2000 Oaks Road** 26 **2000 Oaks Road**
22 **Margate, FL** 27 **Margate, FL**
23 **33063** 24 **33063** 25 **Fla.** 29 **33063** 30 **Fla.**

9. Name and Address of Current Registered Agent
THOMAS, TAMARA M
2261 NW 70TH LANE
MARGATE FL 33062-3

10. Name and Address of New Registered Agent
81 Name **Thomas Tamara "N"**
82 Street Address (If Different from Above) **2261 NW 70th Lane**
83 City **Margate**
84 State **FL** 85 Zip Code **33063**

11. Pursuant to the provisions of Sections 607.08007 and 607.1508, Florida Statutes, the above signed corporation certifies the statement of the purpose of this corporation as registered with the Secretary of State is true and correct. 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 607.0805, Florida Statutes.

SIGNATURE: *J.N. [Signature]* Pres.

1-9-95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	THOMAS, TAMARA N
STREET ADDRESS	2261 N.W. 70TH LANE
CITY, ST., ZIP	MARGATE FL 33063
TITLE	DST
NAME	THOMAS, ROBERT L
STREET ADDRESS	2261 N.W. 70TH LANE
CITY, ST., ZIP	MARGATE FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

13. ADDITONAL CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
2. NAME	
3. STREET ADDRESS	
4. CITY, ST., ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
6. NAME	
7. STREET ADDRESS	
8. CITY, ST., ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
18. NAME	
19. STREET ADDRESS	
20. CITY, ST., ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for this corporation's liability protection under Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that the corporation shall have the same as if it had been prepared by a duly qualified accountant. I am an officer or director of this corporation or the receiver or trustee empowered to exercise the powers of a corporation and that my name appears on Block 12 or Block 13 of this report or on an attached form with an address.

SIGNATURE: *J.N. [Signature]* Pres.

1-9-95 (301) 933-1981