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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000045795

1. Corporation Name

BOND WAY LIGHTING INC.

| Principal Place | Mailing Address | | | () 100 () 4 () 10 (| | | |
|--|-----------------------|-----------------------|--------------------|---|--|----------|--------------|
| 705 BOND WAY | • | 705 BOND WAY | | | | | |
| DELRAY BEACH FL 33483 | | DELRAY BEACH FL 33483 | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 06/07/1995 | | |
| 2 Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Apı | plied For |
| 21 | | 26 | | | 65-0593025 | No | t Applicable |
| Suite, Apt. | #. etc. | Suite, Apt. #, etc. | | | | 8.75 A | dditional |
| 22 | | 27 | | | 5. Certifcate of Status Desired | Fee Re | quired |
| City & State | | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | | Trust Fund Contribution | Added to | o Fees |
| Zip Country | | Zip Country | | , | 8. This corporation owes the current year Intang | | |
| 24 | 25 | 29 30 | ļ.,_ | | Totalian in porty year. | Yes | □No |
| Name and Address`of Current Registered Agent | | | | | 10. Name and Address of New Registered Age | ent | |
| | | | 81 | Name | • | |] |
| | NINGS, REBECCA A | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) | | |
| | BOND WAY | | | ļ | <u> </u> | | |
| DELF | RAY BEACH FL 33483 | | 83 | 1 | | | |
| | | | 84 | City | FL | 85 Zip (| Code |
| 100 time 207 0500 and 607 4500 Flands Statutes the above parent corporation submits this statement for the purpose of changing its registered | | | | | | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, tile above-tained Corporation 360 miles that 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 Storature, bined or printed name of registered event and title if goolicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| Olympia, type of principles and prin | | | 13. | nt signature re | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTO | RS IN 12 |
| TITLE | P | DELETE | 1.1 TITLE | - | |] Change | Addition |
| NAME | JENNINGS, REBECCA A | _ | 1.2 NAME | | | | Ì |
| | 705 BOND WAY | | 1.3 STREET ADDRESS | | | | j |
| STREET ADORESS | DELRAY BEACH FL 33483 | | 1.4 CITY-ST-ZIP | | | | İ |
| CITY-ST-ZIP TITLE | | | 2.1 TITLE | 71.21 | | Change | ☐ Addition |
| NAME | | | 2.2 NAME | i | | | |
| STREET ADDRESS | | | | TADORESS | | - | |
| | | | 2. 4 CITY- | | | |] |
| CITY-ST-ZIP TITLE | | | 3.1 TITLE | - | | Change | ☐ Addition |
| | | | 3.2 NAME | Į | | | |
| NAME | | | | T ADDRESS | | | |
| STREET ADDRESS | • | | 3.4. CITY- | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE | | | Change | ☐ Addition |
| NAME | | | 4, 2 NAME | : | | | |
| STREET ADDRESS | | | t | T ADORESS | | | ļ |
| CITY-ST-ZIP | | | 4.4 CITY- | | | | |
| TITLE | , | ☐ DELETE | 5.1 TITLE | | | Change | Addition |
| NAME | | | 5.2 NAME | 1 | • | | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY- | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TTLE | | | Change | ☐ Addition |
| NAME. | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | | | |
| J.ALLI AUDINEOU | i | | | 1 | | | |

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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90119 045 ***150.00

SIGNATURE:

officer or director of the corpora Block 12 or Block 13 if change