

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000070544 (8)**

1. Corporation Name

ANY BULB, INC.



Principal Place of Business

**4100 N. POWERLINE RD., STE. H5
POMPANO BEACH FL 33073**

Mailing Address

**4100 N. POWERLINE RD., STE. H5
POMPANO BEACH FL 33073**

3. Date Incorporated or Qualified

09/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

**FABIAN, RONALD
4100 N. POWERLINE RD., STE. H5
POMPANO BEACH FL 33073**

4. FEI Number

65-0618015

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

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

Signature typed or printed in block letters in the space provided. (If the signature is not typed or printed in block letters, it must be signed by the registered agent or the officer or director of the corporation.)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
FABIAN, RONALD
4100 N. POWERLINE RD., STE. H5
POMPANO BEACH FL 33073**

☐ DELETE

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CITY - ST - ZIP

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**200001829072
-05/20/96-01033-034
***200.00**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

4/29/96