

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # P96000085164 (7)

1. Corporation Name
ALTIMA LIGHTING, INC.



Principal Place of Business
**823 POMPANO DRIVE
 JUPITER FL 33458**

Mailing Address
**823 POMPANO DRIVE
 JUPITER FL 33458-4310**

3. Date Incorporated or Qualified **10/14/1996** 3a. Date of Last Report **N/A**

2. Principal Place of Business
 21 **3630. CONSUMER ST.**

2a. Mailing Address
 26 **3630 CONSUMER ST.**

4. FEI Number **65-0722860** Applied For Not Applicable

22 **SUITE 104**

27 **SUITE 104**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **RIVIERA BEACH, FL.**

28 **RIVIERA BEACH FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33404** 25 **PALM BEACH**

29 **33404** 30 **PALM BEACH**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAILLOUETTE, CYNTHIA
 923 POMPANO DRIVE
 JUPITER FL 33458**

81 Name **SAME**
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAILLOUETTE, CYNTHIA	
STREET ADDRESS	923 POMPANO DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CAILLOUETTE CYNTHIA	
1.3 STREET ADDRESS	923 POMPANO DRIVE	
1.4 CITY-ST-ZIP	JUPITER FL 33458	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CAILLOUETTE PAUL	
2.3 STREET ADDRESS	923 POMPANO DRIVE	
2.4 CITY-ST-ZIP	JUPITER FL 33458	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Paul Caillouette VP** PAUL CAILLOUETTE VP 4/29/97 561-5751665

CR2E034 (9/96)