

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90032 009 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000105902

1. Corporation Name
FLORIDA LIGHTING & TRAFFIC SYSTEMS, INC.



Principal Place of Business
**1300 CORAL WAY, STE. 300
 MIAMI FL 33145**

Mailing Address
**1300 CORAL WAY, STE. 300
 MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 []
 Suite, Apt. #, etc.
 22 []
 City & State
 23 []
 Zip Country
 24 [] 25 []

2a. Mailing Address
 26 []
 Suite, Apt. #, etc.
 27 []
 City & State
 28 []
 Zip Country
 29 [] 30 []

3. Date Incorporated or Qualified
12/16/1997

4. FEI Number
65-0800827

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**PINO, WILLIAM
 102 N. PROSPECT DR.
 CORAL GABLES FL 33133**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINO, WILLIAM	1.2 NAME	
STREET ADDRESS	102 N. PROSPECT DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33133	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELLEGRINO, FABRICE	2.2 NAME	
STREET ADDRESS	10440 S.W. 156 CT., #729	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT STEFAN	3.2 NAME	
STREET ADDRESS	3405 Pinewalk Dr. North, #206	3.3 STREET ADDRESS	
CITY-ST-ZIP	Margate, FL 33063	3.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM DEKLE	4.2 NAME	
STREET ADDRESS	800 Saddle Ridge Trace	4.3 STREET ADDRESS	
CITY-ST-ZIP	Roswell, GA 30076	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID KELVINGTON	5.2 NAME	
STREET ADDRESS	425 Laurian View Ct	5.3 STREET ADDRESS	
CITY-ST-ZIP	Roswell, GA 30075	5.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG CARROW	6.2 NAME	
STREET ADDRESS	1255 Willet Creek Dr.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Roswell, GA 30075	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 supplement to 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 any attachment, with an address, with all other like empowered.

SIGNATURE: _____ DATE: **1-4-99** DAYTIME PHONE #: **305-858-1240**

CR2E034 (11/98)