

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

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90043 002 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000070680

1. Corporation Name
I.D. LITE PRODUCTS GROUP, INC.

Principal Place of Business 3921 SW 47TH AVE FORT LAUDERDALE FL 33314	Mailing Address 3921 SW 47TH AVE FORT LAUDERDALE FL 33314
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/13/1998	
21	22	28	27	4. FEI Number FIN 650856784	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STANKEE, GLEN A 200 E BROWARD BLVD SUITE 1500 FORT LAUDERDALE FL 33301 <i>DELETE</i>				81 Name DE FORE, ERNEST C. 82 Street Address (P.O. Box Number is Not Acceptable) 3921 SW 47TH AVE, 1002 83 84 City FORT LAUDERDALE FL 85 Zip Code 33314			

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE *[Signature]* **ERNEST C. DE FORE** 3-18-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, PETER	1.2 NAME	
STREET ADDRESS	4645A SOUTHERN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JOHN	2.2 NAME	
STREET ADDRESS	3921 SW 47TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMERISE, GARY A.	3.2 NAME	
STREET ADDRESS	P.O. BOX 50568	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33074	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE FORE, ERNEST C	4.2 NAME	DE FORE, ERNEST C.
STREET ADDRESS	3921 SW 47TH AVE	4.3 STREET ADDRESS	3921 SW 47TH AVE, 1002
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	4.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33314
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, JUDSON A	5.2 NAME	
STREET ADDRESS	2725 UNICORN LANE NW	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20015	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **ERNEST C. DE FORE** 3-18-99
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)