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

**PROFIT CORPORATION ANNUAL REPORT** 

1**9**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(6)

## FILED May 19 1998 8:00am Secretary of State

| A-LUMIN  | IATION ELECTRIC INC.                               |   |                |          |                       |   |  |  |
|--|--|---|----------------|----------|-----------------------|---|--|--|
| Principal Place of Business                                |  | Mailing Address   |                |          |                       | 1 11811 811911 89191 19191 18188 11111 3181 91811 8   | ilain eibii diëli biası labı           |  |
| 6751 RUBENS COURT<br>ORLANDO FL 32818                      |  | 6751 RUBENS COURT<br>ORLANDO FL 32618   |                |          |                       | DO NOT WRITE IN THIS SPACE  |  |  |
|  |  |   |                |          |                       | 3. Date Incorporated or Qualified 01/22/1992  |  |  |
| 2. Principal Plac  | ce of Business                                     | 2a. Mailing Address   |                |          |                       | 4. FEI Number   | Applied For                            |  |
| 21   |  | 26  |                |          | -                     | 59-3111492  | Not Applicable                         |  |
| Suite, Apt. #, etc.  |  | Suite, Apt #, etc.  |                |          |                       | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Required      |  |
| City & State   |  | Cily & Stale  |                |          |                       | Election Campaign Financing     Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees         |  |
| Zip<br>24  | Country 25   | 7ip   | Country<br>30  |          |                       | 8. This corporation owes or has paid the curre Personal Properly Tax due June 30.                       | ent year Intangible<br>Yes             |  |
| 9, Name and Address of Current Registered Agent            |  |   |                |          |                       | 10. Name and Address of New Registered Agent  |  |  |
| ORSOLITS, STEPHEN N.<br>6751 RUBENS CT<br>ORLANDO FL 32818 |  |   |                | 81<br>82 | Name<br>Street Addres | ss (P.O. Box Number is Not Acceptable)  | +                                      |  |
| UNL  | ANDO FE 32010                                      |   |                | 83       |                       |   | N.                                     |  |
|  |  |   |                | 84       | City                  | FL  | <b>85</b> Zip                          |  |
| office or rec  | sistered agent, or both, in the Si                 | 0502 and 607.1508, Florida Statutate of Florida Statutate of Florida Such change was oligations of, Section 607.0505, F | s authorized   | 1 by     | the corporation       | ration submits this statement for the purpose of c<br>n's board of directors. I hereby accept the appo- | changing<br>intm <b>er</b>             |  |
| SIGNATURE SI   | goalture, typical or pointed nation of respectives | d agent and title if applicable (NC   | OTF Registered | Agen     | it signature required |   | - ************************************ |  |
| 44   | OLUCIOC  | AND CHAIR OT CADO   | 40             |          |                       | ADDITIONOUGHANCES TO OFFICERS AND   | , v                                    |  |

DELETE TITLE 1.1 TITLE ORSOLITIS, STEPHEN N. 1.2 NAME NAME **6751 RUBENS COURT** STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32818 CITY-ST-ZIP 14 CITY - ST - ZIP DELETE Addition Change TITLE 2.1 TITLE ORSOLITIS, DIANE NAME 2.2 NAME 6751 RUBENS CT. STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 2. 4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(1) - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliencental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.