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PROFIT CORPORATION ANNUÁL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90037 035 ***158.75

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K64486

MELBOU	RNE LIGHTS AND FIXTURE	S, INC.			
Principal Place	of Business	Mailing Address			idit alati etati etati etati etati taat
% WILLIAM H. LEWIS 807 E HIBISCUS BLVD MELBOURNE FL 32901 % WILLIAM H. LEWIS 807 E HIBISCUS BLVD MELBOURNE FL 32901 MELBOURNE FL 32901				DO NOT WRITE IN T	HIS SPACE
MELBOURNE TE	. 02301	menogorite va and		3. Date Incorporated or Qualifed	
				02/03/1989	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2938359	Not Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75.Additional
22		27			Fee Required
City & State	8	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29 3	Country	This corporation owes the current yea Personal Property Tax.	r Intangible □ Yes ☑ No
24	9. Name and Address of Current			10. Name and Address of New Registe	red Agent
			81 Name		
	IS, WILLIAM H.	ti ti	82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
822 E. SILVER PALM AVENUE			0.0000770	A STATE OF THE PROPERTY OF THE	The second of th
MELBOURNE FL 32901			83	1000 1000 1000 1000 1000 1000 1000 100	
	• • •		84 City		85 Zip Code
	· , ·	1111 - 1236			FL
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut tions of, Section 607.0505, Florid	nonzed by the corpora da Statutes.	progration submits this statement for the purpos ation's board of directors. I hereby accept the a	ppowitiment as registered
office or reagent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agent	of Florida. Such change was autions of, Section 607.0505, Floridation of applicable. (NOTE: F	norized by the corpora da Statutes. Registered Agent signature requ	uired when reinstating) DATI	E
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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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

407-984-0440