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PROFIT CORPORATION . ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 288158

ACME LIGHTING DISTRIBUTORS, INC.

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90047 025 ***150.00



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	e of Business	Mailing Address			ļ			
1620 CYPRESS DR JUPITER FL 33469 1620 CYPRESS DR JUPITER FL 33469					DO NOT WRITE IN THIS SPACE			
							SPACE	
		•			3. Date Incorporated or Qual 12/30/1964	ited		
Principal Place of Business Za. Mailing Address					4. FEI Number		Ap	plied For
21 26		26			59-1106896		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desire	d 🗆	\$8.75	Additional
22		27			5. Certificate of Status Desire		Fee Re	quired
City & Stat	te	City & State		•	6. Election Campaign Finance	ing _	\$5.00	May Be
23		28			Trust Fund Contribution	<u>.</u>	Added t	o Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the	current year Inta	ingible	
24	25	29	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of No	ew Registered A	\gent	
				81 Name				
	NES, CONI	L.	}	82 Street	Address (P.O. Box Number is Not Acc	entable)		
1620 CYPRESS DR			1	5.1661	Autess (F.O. DOX Nutriber is NOt Acceptable)			. ,
JUP	ITER FL 33469			83	5014 24 (1)			
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	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			84 City		FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statute	es, the at	oove-named	corporation submits this statement for	the purpose of o	hanging its	registered
office or agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligation	Florida, Such change was a ons of, Section 607.0505, Flor	uthorized rida Statu	by the corportes.	oration's board of directors. I hereby a	ccept the appoin	tment as req	gistered
SIGNATURE		100	5 11 1			DATE		
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	Agent signature i	equired when reinstating) ADDITIONS/CHANGES TO		DIRECTO	DC IAI 12
TITLE	PD OFFICERS AND	DELETE	1,1 TIT		ADDITIONS/CHANGES TO	OFFICERS ANI	Change	Addition
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CITY-ST-ZIP	JUPITER FL		- 1		•			ľ
		□ DELETE	1.4 CIT	Y-ST-ZIP	<u></u>			- Addition
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	SD PAYNE, CONI 1620 CYPRESS DR	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NA	LE			Change	Addition
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14. I hereby certify that the information supplied with this filing does not gradify 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 accorate 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 receipter 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 earliers with all other like empowered.

SIGNATURE:

561-746-7191

CR2E034 (11/98)