

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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 331758 (3)  
1. Corporation Name  
LIGHTING SYSTEMS, INC.

Principal Place of Business 12114 KNOLL STREET TAMPA FL 33612-4011	Mailing Address 12114 KNOLL STREET TAMPA FL 33612-4011
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/26/1968
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1260356
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent GRAY, MAGLER H. 12114 KNOLL STREET TAMPA FL 33612	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	
NAME	GRAY, CRAIG I.	12 NAME	
STREET ADDRESS	15807 SEA OATS PL	13 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	14 CITY - ST - ZIP	
TITLE	ST	21 TITLE	
NAME	RICHARDS, LOUISE G.	22 NAME	
STREET ADDRESS	8903 LOCUST AVE.	23 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	24 CITY - ST - ZIP	
TITLE	PD	31 TITLE	
NAME	GRAY, MALGER H.	32 NAME	
STREET ADDRESS	12114 KNOLL ST.	33 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	
NAME	GRAY, JEANETTE F.	42 NAME	
STREET ADDRESS	12114 KNOLL ST.	43 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 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.

SIGNATURE: *Malgier H. Gray* Malger H. Gray 4-16-98 (813) 933-5376

CR2E034 (10/97)