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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

399444

(9)

MORLEE LAMPSHADE CO., INC.

FILED Apr 17 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			e eddial virid unit their dalle anni die Gibit billi genit fibit miste diffe inat
1785 WEST 3	2 PLACE	1785 WEST 32 PLACE			
HIALEAH FL	33012-4512	HIALEAH FL 33012-4512			DO NOT WRITE IN THIS SPACE
•					3. Date Incorporated or Qualified
					04/18/1972
9 Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21	agg of Eds.,1000	26			57-0541306 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			S8 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip Country		Złp Country		ry	8. This corporation owes or has paid the current year Intangible
24 25		29	<u></u>		Personal Property Tax due June 30. XQ, Yes No
Name and Address of Current Registered Agent 1					10. Name and Address of New Registered Agent
GREEN, SANDRA				ALLAN GREEN	
	GRAPETREE DR.				
	Y BISCAYNE FL 33149		L		Address (P.O. Box Number is Not Acceptable)
	•		8	3	
	•		8	4 City /	Coan GARIES FI 85 Zip Code
	•		1	1 ' (
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stetutes, the above-named corporation submits this statement for the purpose of changing its registered					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this atglement 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	Kinne	Molnick	או		WUN HULL 3/26/98
	Signature, typed or printed name of registered age			gent signature r	required when reinstaling) DATE
12.	OFFICERS ANI	DELETE	13.	T	ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12
TITLE	SD	€¬ nerete	1.1 TITLE		Change Account
NAME	MELNICK, RONNE		1.2 NAME		
STREET ADDRESS	12777 OLD CUTLER RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE	PD ALLAN	□ DELETE	2.1 THEE 2.2 NAME		C Griange C Account
NAME	GREEN, ALLAN				
STREET ADDRESS	350 MENORES AVE		2 3 STREET ADDRESS : 2. 4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE	CORAL GABLES FL	DELETE	3.1 TITLE		Change Addition
			3.2 NAME		
NAME etheet annheed			3.3 STREET ADDRESS		
STREET ADDRESS			3.4, CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		_ · · ·
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			4.4 CITY	i i	
TITLE		☐ DELE te	5.1 TITU		Change Addition
NAME		_	5.2 NAM	1	
STREET ADDRESS			•	ET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAM	_E	
STREET ADDRESS	:		1	ET ADDRESS	
CITY-ST-ZIP	6.4		6.4 CITY		
14 I hereby c	ertify that the information supplied w	ith this filing does not qualify for	the exec	ontion stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated of officer or of	on this annual report or supplementa director of the corporation or the rece	at annual report is true and accu giver or trustee employered to ex	irate and xecute thi	inat my sign s report as i	nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in
Block 12 c	or Block 13 if changed or on in atta	of nent with an address.]	.,	required by Chapter 607, Florida Statutes; and that my name appears in
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