

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **411041** (7)
1. Corporation Name
STATE LIGHTING CO., INC.



Principal Place of Business 2216 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33409-3402	Mailing Address 2216 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33409-3402
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3. Date Incorporated or Qualified 10/18/1972	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1437768	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

**WEISBERG, PERRY
STATE LIGHTING CO.
2216 PALM BEACH LAKES BLVD,
WEST PALM BEACH FL 33409**

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	VD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WEISBERG, FRED	1.2 NAME	
STREET ADDRESS	8 LACOSTA CIR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BCH, FL 00000	1.4 CITY - ST - ZIP	
TITLE	STD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WEISBERG, JOAN	2.2 NAME	
STREET ADDRESS	8 LACOSTA CIR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BCH, FL 00000	2.4 CITY - ST - ZIP	
TITLE	PD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WEISBERG, PERRY	3.2 NAME	
STREET ADDRESS	2216 PALM BCH LKS BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BCH, FL 00000	3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 in Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Perry Weisberg* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: *4/25/97* Daytime Phone #: *561-889-6650*

CR2E034 (9/96)