

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 421329 (4)

1. Corporation Name

CAPITOL LIGHTING-WEST PALM BEACH, INC.



Principal Place of Business

Mailing Address

6800 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH FL 33405

6800 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH FL 33405

3. Date Incorporated or Qualified

03/16/1973

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 9055 ROAN LANE

26 9055 ROAN LANE

4. FEI Number

59-1488172

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

23 City & State

LAKE PARK FL

27 City & State

LAKE PARK FL

24 Zip

33403-1027

25 Country

29 Zip

33403-1027

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAFFE, RONALD  
6800 S. DIXIE HWY  
W. PALM BEACH FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.032 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 obligation of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME JAFFE, R.  
STREET ADDRESS 6800 SO. DIXIE HWY.  
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

TITLE V  
NAME JAFFE, B  
STREET ADDRESS 6800 SO. DIXIE HWY.  
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

TITLE DS  
NAME LEBERSFELD, H.  
STREET ADDRESS 6800 SO. DIXIE HWY.  
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

TITLE AST  
NAME LEBERSFELD, M  
STREET ADDRESS 6800 SO. DIXIE HWY.  
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)