


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

FILED

Jan 15 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 # 421329 (4)

1. Corporation Name

CAPITOL LIGHTING-WEST PALM BEACH, INC.

Principal Place of Business

9055 ROAN LANE
LAKE PARK FL 33403-1027
US

Mailing Address

9055 ROAN LANE
LAKE PARK FL 33403-1027
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1973

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Jaffe Ronald
82 Street Address (P.O. Box Number is Not Acceptable)
9055 Roan Lane
83
84 City Lake Park FL 85 Zip Code 33403

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JAFFE, R.	
STREET ADDRESS	6800 SO. DIXIE HWY.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JAFFE, B	
STREET ADDRESS	6800 SO. DIXIE HWY.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LEBERSFELD, H.	
STREET ADDRESS	6800 SO. DIXIE HWY.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	LEBERSFELD, M	
STREET ADDRESS	6800 SO. DIXIE HWY.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Address
1.3 STREET ADDRESS	9055 Roan Lane
1.4 CITY-ST-ZIP	Lake Park, FL 33403-1027
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Address
2.3 STREET ADDRESS	9055 Roan Lane
2.4 CITY-ST-ZIP	Lake Park, FL 33403-1027
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Address
3.3 STREET ADDRESS	9055 Roan Lane
3.4 CITY-ST-ZIP	Lake Park, FL 33403-1027
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Address
4.3 STREET ADDRESS	9055 Roan Lane
4.4 CITY-ST-ZIP	Lake Park, FL 33403-1027
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *Ronald Jaffe* REV: PRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/5/98 (561) 691-0057 Daytime Phone # 0310137

CR2E034 (10/97)