

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90066 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 457889

1. Corporation Name
CATALINA LIGHTING, INC.

Principal Place of Business 18191 NW 68 AVENUE MIAMI FL 33015	Mailing Address 18191 NW 68 AVENUE MIAMI FL 33015
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/12/1974	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1548266	Applied For Not Applicable
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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
JANET P. AILSTOCK, ESQ. 18191 N.W. 68TH AVE. MIAMI FL 33015				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LATIMER HENRY	1.2 NAME	SILVERMAN, JEFFREY
STREET ADDRESS	18191 N.W. 68TH AVE.	1.3 STREET ADDRESS	18191 N.W. 68th Avenue
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33015
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D,V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURROW, RYAN	2.2 NAME	RAPPAPORT, DEAN
STREET ADDRESS	18191 N.W. 68TH AVE.	2.3 STREET ADDRESS	18191 N.W. 68th Avenue
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33015
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D,V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WACHS, ROBERT	3.2 NAME	STEWART, WILLIAM D.
STREET ADDRESS	18191 N.W. 68TH AVE.	3.3 STREET ADDRESS	18191 N.W. 68th Avenue
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33015
TITLE	VST <input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLUTH, THOMAS M	4.2 NAME	SASNETT, DAVID
STREET ADDRESS	18191 N.W. 68TH AVE.	4.3 STREET ADDRESS	18191 N.W. 68th Avenue
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33015
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	SOKOLOW, LEONARD	5.2 NAME	
STREET ADDRESS	18191 N.W. 68TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	PCD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	HERSH, ROBERT	6.2 NAME	
STREET ADDRESS	18191 NW 68TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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, with all other like empowered.

SIGNATURE: Thomas M. Bluth, Sr. DATE: 1/7/99 DAYTIME PHONE: 305-558-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)