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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 540440 1. Corporation Name ASTRALITE, INC.

(5)

Principal Place of Business

Mailing Address

7650 W. 26TH AVENUE HIALEAH FL 33016

7650 W. 26TH AVENUE HIALEAH FL 33016-5611

## **FILED** Apr 25 1997 8:00am Secretary of State



						<b>3a.</b> Date incorporated or Qualified <b>3a.</b> Date of Last Report <b>05/01/1996</b>				
2. Principal Place of Business			2a, Mailing Address			4. FEI Number		oplied For		
21 4720		26		akes .	KOAD	59-1765785	No.	ot Applicable		
Suite, Apt. #, etc.			Suite, Apt #, etc.			5. Certificate of Status Desired				
22 BAY K City & State			27 PAY K City & State							
23 DAVIE, FL			DAVIE.	FL		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	28	Zip	Cour	ntry	8. This corporation has liability for it				
24 3331	317 25 USA 29 33314 30			<b>⊢</b> -1	USA	Florida Statutes Yes No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Reg	10. Name and Address of New Registered Agent			
HERKIN, STEWART - BI Name Jerald C. Canton										
_100 N BIGGAYNE BLVD					82 Street Address (P.O. Box Number is Not Acceptable)					
MAM, TC					82 Street Address (P.O. Box Number is Not Acceptable)					
: <del>-331</del> 6	<del>22 -</del>				83	•				
				ŀ	84 City L		<b>85</b> Zip	3021		
		200	05 vene El			iolly wood				
office or r	registered agent, or both, in	i the State of Flori	da. Such change was	authorized	by the corpo	corporation submits this statement for the poration's board of directors. I hereby accep	urpose of changing f I 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	et applicable (NC	OTL Registered	Agent signature re	equired wher reinstating)	DXIII 7 7			
12.	OFF	ICERS AND DIREC		13.		ADDITIONS/CHANGES TO OFFIC		1S IN 12		
TITLE	CD		DELETE	1.1 111	LE		Change	Addition 2		
NAME	SEDRISH, ARTHUR			1.2 NA	ME			7		
STREET ADDRESS					REET ADDRESS			١		
CITY-ST-ZIP	MIAMI FL			1.4 CIT	Y-ST-ZIP		<u>_</u>	{		
TITLE	VISD		☐ DELFTE	2.1117	l E		Change	Addition C		
NAME	SEDRISH, LITA 471 IVES DAIRY RD. (	C 400		2.2 NA				•		
STREET ADDRESS	MIAMI FL	U-400			REFT ADDRESS			i e		
CITY-ST-ZIP	PTDS		DELETE		1Y-S1-7IP		Change	T Addition		
TITLE	SEDRISH, MICHELLE		ן בין טניגונ	3 1 117			L_ Change	☐ Addition		
NAME OTRECT ADDRESS	618 CAMBRIDGE TER	R.		3.2 NA						
STREET ADORESS	FT. LAUDERDALE FL	r >•			REET ADDRESS					
CITY-ST-ZIP			DELETE	3.4. CI 4.1 T(I	IY-SI-ZIP		Change	Addition		
NAME				4, 2 N/	1					
STREET ADDRESS					REFT ADDRESS					
CITY-ST-ZIP					Y-ST-ZIP					
TITLE		······································	DELETE	5.1 1)1			☐ Change	Addition		
NAME				5.2 NA	ME .					
STREET ADDRESS			•	5351	REET ADDRESS					
CITY-ST-ZIP				5.4 CIT	Y-ST-ZIP					
TITLE	· · · · · · · · · · · · · · · · · · ·		☐ DECETE	6.1 TH			Change	Addition		
NAME				6.2 NA	Mε					
STREET ADDRESS				6.3 ST	KEET ADORESS			Ì		
CITY-ST-ZIP				6.4 CIT	Y - \$1 - ZIP					
14. I do herel	by certify that the information	on supplied with the	nis filing does not qua	alify for the	exemption sta	ated in Section 119.07(3)(i), Florida Statutes	. I further certify that	the		

valueport is true and accurate and that my signature shall have the same legal effect as if made under oath; that value empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name it with an address.