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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 545053

1. Corporation Name

Principal Place of Business

WORLD INSTITUTE OF LIGHTING & DEVELOPMENT CORP.

09/01/1977	SPACE	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	7-1	Applied For
21 2242 WHITFIELD PARK LOOP 26 P.O. BOX 990 59-1760648	<u> </u>	Not Applicable
Suite Ant # etc Suite Ant # etc		5 Additional
5. Certificate of Status Desired		Required
City & State Campaign Compaign Financing	\$5.0	00 May Be
SARASOTA, FL BRADENTON, FL Trust Fund Contribution		ed to Fees
Zip Country Zip Country 8. This corporation owes the current year Intar	ngible	
	X Yes	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered A	gent	
81 Name		
LEETZOW, LORENCE E 82 Street Address (P.O. Box Number is Not Acceptable)		
2242 WHITHELD PARK LOOP		
SARASOTA FL 34243		
84 City	85 Z	Ip Code
	03 2	up 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 cl	hanging Iment as	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 appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE		- Tagistoreo
agent. I am familiar with, and accept the obligations of, Section 607.0505, Flonda Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
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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, withyall other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

☐ Addition

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90158 019 ***150.00