SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **560107** **(5)**

1. Corporation Name

AMERICAN LIGHTING MAINTENANCE, INC.

Principal Place of Business	Mailing Address
1750 NORTH FLORIDA MANGO ROAD SUITE 402 W PALM BEACH FL 33409	1750 NORTH FLORIDA MANGO ROAD SUITE 402 W PALM BEACH FL 33409

3. Date Incorporated or Qualified: 02/17/1978
3a. Date of Last Report: 11/09/1995
4. FEI Number: 59-1807199 ☐ 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

2. Principal Place of Business: 21 7354 CENTRAL INDUSTRIAL DR.
Suite, Apt #, etc: 22
City & State: 23 RIVIERA BEACH, FL
Zip: 24 33404 Country: 25 USA

2a. Mailing Address: 26 SAME
Suite, Apt #, etc: 27
City & State: 28 SAME
Zip: 29 SAME Country: 30 SAME

9. Name and Address of Current Registered Agent

TURENNE, G.
8760 MAN O WAR RD.
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

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 607.0502 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 ______

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	TURENNE, GEORGE C	
STREET ADDRESS	8760 MAN-O-WAR ROAD	
CITY-ST-ZIP	PALM BEACH, GRDNS., FL	
TITLE	D	☒ DELETE
NAME	TURENNE, S.	
STREET ADDRESS	8760 MAN-O-WAR ROAD	
CITY-ST-ZIP	PALM BEACH, GRDNS., FL	
TITLE	DS	☐ DELETE
NAME	TURENNE, CHRISTOPHER J	
STREET ADDRESS	4449 LACEY OAK DR.	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	D	☐ DELETE
NAME	TURENCE, KIM MARIE	
STREET ADDRESS	8760 MAN-O-WAR ROAD	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME	LOVERSO, Kim MARIE	
4.3 STREET ADDRESS	13110 PEKOE TERRACE	
4.4 CITY-ST-ZIP	WELLINGTON, FL 33414	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***450.00

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George C. Turenne Pres — 6/17/96 — 1-407-842-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GEORGE C. TURENNE

CR2E034 (3/96)