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Feb 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **561200** **(7)**

1. Corporation Name
CAMBRIDGE LAMPS, INC.

Principal Place of Business	Mailing Address
2605 WEST 8TH AVENUE HIALEAH FL 33010	2605 WEST 8TH AVENUE HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1978

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-1840272 — 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 ☐

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHILLER, STUART 2605 WEST 8TH AVENUE HIALEAH FL 33010	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 607.1008, 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 (Typed or printed name of registered agent and title if applicable) (Name of Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SEYMOUR, GARY D		1.2 NAME		
STREET ADDRESS	2605 WEST 8TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP		
TITLE	PCOT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHILLER STUART M.		2.2 NAME		
STREET ADDRESS	2605 WEST 8TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33010		2.4 CITY-ST-ZIP		
TITLE	VPSM	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RUHL JOHN		3.2 NAME		
STREET ADDRESS	2605 WEST 8TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33010		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 added on an attachment with an address.

SIGNATURE: STUART M. SCHILLER 1/31/98 305-885-3800

CR2E034 (10/97)