

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

STATE OF FLORIDA
1995



OFFICE OF SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # **587936** (6)

95 MAY -1 AM 7:50

AROBYN LIGHTING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10501 NW 50TH ST
BAY #111
SUNRISE FL 33351
US

10501 NW 50TH ST
BAY #111
SUNRISE FL 33351
US

3. Date of Issuance: **09/28/1978** 3a. Date of Last Report: **04/26/1994**

4. Filing Office: **59-1851157** Applied For:
Fees Applicable:

5. Certificate of State Registered Agent **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. Filing Office: Filing Office:

21. **6554 NW 13th COURT**

26. **6554 NW 13th COURT**

23. **PLANTATION, FL**

28. **PLANTATION, FL**

24. **33313** 25. **LWR**

29. **33313** 30. **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERKELL, GERALD S.
115 N.W. 187TH ST. 4TH FLOOR
NORTH MIAMI BEACH, FL 33169**

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 607.14(2) and 607.14(3), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the above listed address in the State of Florida. Such change was authorized by the corporation's board of directors, thereby, accept the appointment as registered agent. I am filing this statement in compliance of Sections 607.14(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	P DAVIDSON, SCOTT
STREET ADDRESS	1012 NW 105 WAY
CITY	PLANTATION FL
STATE	
ZIP CODE	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP CODE	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP CODE	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP CODE	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		
ZIP CODE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		
ZIP CODE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		
ZIP CODE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the individuals supplied with this filing voluntarily, lawfully, and truthfully, for the reasons stated in the certificate of incorporation, Florida Statutes, Chapter 607, Article 10, Sections 607.14(2) and 607.14(3) have agreed to act as registered agent and that they are qualified to act as such. The undersigned is a resident of the State of Florida and is qualified to act as such. I am filing this statement in compliance of Sections 607.14(2), Florida Statutes.

SIGNATURE: *Scott Davidson* **SCOTT DAVIDSON** 4/28/95 JW 227-0250