2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State
01-20-2004 90069 044 ***150.00

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1. Entity Name
STREET LIGHTING EQUIPMENT CORPORATION

24002457

Principal Place of Business	Mailing Address
2099 SO PARK ROAD HALLANDALE, FL 33009	2099 SO PARK ROAD HALLANDALE, FL 33009

01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1869351
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARD LEBEN
C/O KAPLAN - JAI
1915 HARRISON
HOLLYWOOD, FL

BARRY LEVINE, PRES.
STREET LIGHTING EQUIP. CORP.
2099 S. PARK RD.,
HALLANDALE, FL. 33009

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 1.12.04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	HALLENBECK, MARY T.
STREET ADDRESS	13821 53RD SOUTH
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	P
NAME	LEVINE, BARRY
STREET ADDRESS	1000 SW 80 AVE
CITY-ST-ZIP	PLANTATION, FL
TITLE	S
NAME	LEVINE, MARTIN
STREET ADDRESS	201 JACARANDA DRIVE
CITY-ST-ZIP	PLANTATION, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY LEVINE 1.12.04 954961-9140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #