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 # F9400000112

1. Corporation Name

Principal Place of Business

SUPER VISION INTERNATIONAL, INC.

8210 PRESIDENT ORLANDO FL 32		8210 PRESIDENTS DR ORLANDO FL 32809		5		
US	·	US		DO NOT WRITE IN THIS 3. Date incorporated or Qualifed	SPACE	
	والمراجع المراجع المرا			12/21/1993		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Ar	plied For
21	•	26		59-3046866	No	ot Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75	
22		27		3, contract of caree present	Fee Re	·
City & State		City & State		6. Election Campaign Financing		May Be
23		28		Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	This corporation owes the current year In Personal Property Tax.	Yes	□No
24	25 Name and Address of Current	1-71	10	10. Name and Address of New Registered		
9.1 Namo						
STAN	iney, John P			STANNEY JOHN N		
2441 VISCOUNT ROW			82 Street	Address (P.O. Box Number is Not Acceptable) REST DE TS ORIVI	5	}
ORLANDO FL 32809			83	The state of the s		
					los Zin	Codo
			84 City	ORLA-00 FI	_ 85 33	Code 409
11 Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes		Learnagetian authorite this statement for the purpose of	f changing its	registered
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 is 1693-504 office or registered agent, or bottle 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 agent the obligations of Section 607,0505, Florida Statutes.						
111/2/1\ 131 # 14 Phi do +						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature	required when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	CD	☐ DELETE	1.1 TITLE		Change	Addition
NAME	KINGSTONE, BRETT M		1.2 NAME			
STREET ADDRESS	8210 PRESIDENTS DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32809	DELETE	1.4 CITY-ST-ZIP		Change	Addition
TITLE	D COUNTY EDIC	C) DELETE	2.1 TITLE	PROTIVA, ERIC	A sucus	
NAME	PRODIVA, ERIC		2.2 NAME 2.3 STREET ADDRESS			
STREET ADDRESS	8210 PRESIDENTS AVE ORLANDO FL 32809					
CITY-ST-ZIP	D	□ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	-	Change	Addition
	PRODIVA. EDGAR		3.2 NAME	PROTIVA, EDGAR	T -	
STREET ADDRESS	8210 PRESIDENTS DR		3.3 STREET ADDRESS)
CITY-ST-ZIP	ORLANDO FL 32809		3.4. CITY-ST-ZIP			}
TITLE	D	☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME	MCANN, BRIAN		4. 2 NAME	MCCANN, BRIAN	•	
STREET ADDRESS	8210 PRESIDENTS DR		4.3 STREET ADDRESS			ļ
CITY-ST-ZIP	ORLANDO FL 32809		4.4 C/TY-ST-ZiP			
TITLE	S	☐ DELETE	5.1 TITLE	P, S	Change	☐ Addition
NAME	SHANNEY, JOHN P		5.2 NAME	STANNEY, JOHN P.		
STREET ADDRESS	8210 PRESIDENTS DR		5.3 STREET ADDRESS	S		
CITY-ST-ZIP	ORLANDO FL 32809		5.4 CITY-ST-ZIP		["] Ob	A alandi -
TITLE	D	☐ DELETE .	6.1 TITLE		Change	☐ Addition
NAME .	ANTHONY CASTOR	•	6.2 NAME			
STREET ADDRESS	8210 PRESIDENTS DR		6.3 STREET ADDRESS			
CITY-ST-ZIP	32809DO FL	_	6.4 CITY-ST-ZIP			

SIGNATURE:

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, with all other like empowered.

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90042 011 ***150.00