FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 16 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H34889

(6)

SUNLITE LIGHTING, INC.

SIGNATURE:

SOMETIC EIGHTHAG, 1965.											
Principal Place	of Busines	5		Mailing Address	5			1 100 3 0 60 1111 0 81 3 10 10 10 1) 	AIT 81011 1001	
7183 30TH AVE	7183 30TH AVENUE NROTH										
SUITE 210				SUITE 210				İ			
ST. PETERSBURG FL 33710				ST. PETERSBURG FL 33743-0260 US				4 2 1 2 2 2 2 2 2 2	La Bulletin		
US			•	uo				3. Date Incorporated or Qualified 01/01/1985	3a. Date of Las 05/01/1996	' '	
	2. Principal Place of Business				ress		***************************************	4. FEI Number		Applied For	
21]				Suite, Apt. #, etc.				62-1219004		Not Applicable	
Suite, Apt #, etc				27				5. Certificate of Status Desired		5 Additional Required	
City & State	City & State				City & State			6. Election Campaign Financing	\$5.0	00 May Be	
23				28				Trust Fund Contribution Added to Fees			
Zip		Country		Zip		Countr	4	8. This corporation has liability for		r s. 199.032,	
24	9. Name and Address of Current			29 30 Segistered Agent				1	Florida Statutes Yes No 10. Name and Address of New Registered Agent		
DOW			Collell Vet	Jistorou Ayont		81	Name	to. Name and Address of New P	rohistoran wholir		
	ERS, REEL					L.					
7183 30TH AVENUE NORTH St. Petersburg FL 33710				82 Street Addr			Street Add	dress (P.O. Box Number is Not Accept	ess (P.O. Box Number is Not Acceptable)		
						63					
						84	City		FL 85 Z	ip Code	
11. Pursuani t	to the provis	ions of Sections 6	07 0502 and	1.607 1508 Florid	da Statute	s the abov	e-named co	rooration submits this statement for the		a its registered	
office or n	egistered aç m familiar w	ent, or both, in the	e State of Flo e obligations	orida. Such char of, Section 607.	nge was a .0505. Flo	uthorized b	y the corpora	rporation submits this statement for the ation's board of directors. I hereby acc	ept the appointment	as registered	
SIGNATURE											
	Signature, types	or printed name of regis		***************************************	(NOTE		ent signature req	uired when relinerating) ADDITIONS/CHANGES TO OFF	DATE	050 11140	
12. TiTLE	DPVS	OFFICE	RS AND DIR		ELETE	13.	······································	ADDITIONS/CHANGES TO OFF	Chang		
NAME		, R. REED			h.h.v.	1.2 NAME	İ		L., Onang	,c QQ Padallon	
STREET ADDRESS		H AVENUE NOI	RTH			•	T ADDRESS				
CITY-ST-ZIP		ASBURG FL				1.4 CITY			33	701	
10°LE				☐ Di	ELETE	2.1 TITLE			Chang		
NAME						2.2 NAME					
STHEET ACCRESS						2.3 STREE	T ADDRESS			,	
CITY - ST - ZIP						2 4 CITY-	ST-ZIP				
TITLE				☐ D	ELETE	3 1 TITLE			Chang	pe 🔲 Addition	
NAME						3.2 NAME			·		
STREET ADDRESS						3.3 STREE	T ADDRESS				
CHY-ST-ZIP					C) FYC	3.4 CITY	ST-ZIP				
TITLE				□ DI	LLEIL	4.1 TITLE			Chang	ge [] Addition	
NAME EXPECT ADDRESS OF						4. 2 NAME					
STREET ADDRESS							T ADDRESS				
CHY-ST-7IP THLE				Пр	ELETE	4.4 CITY- 5.1 TITLE	51 - EIP		Chang	ne Addition	
NAME				VI		5.3 TILLE 5.2 NAME			lund Annig	- Lad Fibration	
STREET ADDRESS						1	T ADDRESS				
OTY-ST-ZiP						5.4 CITY-					
TITLE				☐ Di	ELETE	6.1 TITLE			Chang	e Addition	
NAME						6.2 NAME					
STREET ADDRESS						1	T ADDRESS				
City-St-7iP						6.4 CITY-					
14. I do here:	y certify tha	t the information s	supplied with	this filing does	not qualify	y for the ex	emption state	ed in Section 119.07(3)(i), Florida Statu	ites. I further certify th	nat the	
Lam an of	ficer or dire	on tris annual rep ctor of the corpora ir Block 13 if chan	ation or the r	eceiver or buste	e empowe	ered to exe	cute this rep	at my signature shall have the same le ort as required by Chapter 607, Florida	Statutes; and that m	y name	