

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:14

DOCUMENT # **H95215** (0)

To: Corporation Name:

ZODIAC LAMPS OF SOUTH FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **3001 NW 60TH ST. FT. LAUDERDALE FL 33309**
Mailing Address: **833 N.E. 2ND AVE. FT. LAUDERDALE FL 33304 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/22/1986**
3a. Date of Last Report: **05/01/1994**

2. Principal Nature of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2471882		Not Applicable	
22. State Apt # etc.		27. State Apt # etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Province	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 100.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**IRAGORRI, HAIDEE
833 N.E. 2ND AVE.
FT LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

B1. Name	
B2. Street Address (P O Box Number is Not Acceptable)	
B3. City	
B4. City	B5. Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE

(Signature of Registered Agent required after 1/1/95)

(Signature of Registered Agent separate required after 1/1/95)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	P IRAGORRI, HAIDEE 3001 N.W. 60TH ST FT LAUDERDALE FL	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS		13.2 NAME	
12.3 CITY, ST, ZIP		13.3 STREET ADDRESS	
12.4 NAME		13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 STREET ADDRESS		13.5 NAME	
12.6 CITY, ST, ZIP		13.6 STREET ADDRESS	
12.7 NAME		13.7 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 STREET ADDRESS		13.8 NAME	
12.9 CITY, ST, ZIP		13.9 STREET ADDRESS	
12.10 NAME		13.10 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS		13.11 NAME	
12.12 CITY, ST, ZIP		13.12 STREET ADDRESS	
12.13 NAME		13.13 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		13.14 NAME	
12.15 CITY, ST, ZIP		13.15 STREET ADDRESS	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct equally for the corporation stated in Section 119.07(2)(b), 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 recipient 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 of this form as an attachment with an address.

SIGNATURE:

Haidee Iragorri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95

305-761-4863