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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J13198

1. Corporation Name
MICROLUX, INC.

Principal Place of Business

6000-1 POWERS AVE
JACKSONVILLE FL 32217

Mailing Address

6000-1 POWERS AVE
JACKSONVILLE FL 32217

2. Principal Place of Business

21

Suite, Apt. #, etc.

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City & State

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Zip Country

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2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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Zip Country

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9. Name and Address of Current Registered Agent

CUDA, JOSEPH
6000-1 POWERS AVE.
JACKSONVILLE FL 32217

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 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(Print) Registered Agent's address and telephone number

1.26.99

12. OFFICERS AND DIRECTORS

TITLE PD [] DELETE

NAME CUDA, JOSEPH
STREET ADDRESS 6000-1 POWERS AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE VST [] DELETE

NAME CUDA, LUCY
STREET ADDRESS 6000-1 POWERS AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D [] DELETE

NAME CUDA, LUCY
STREET ADDRESS 6000-1 POWERS AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE [] DELETE

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11 TITLE

12 NAME

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14 CITY-ST-ZIP

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41 TITLE

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44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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.

SIGNATURE:

J. L. Luch, PRES.

2.2.99

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