Subtr. Apt #_ctc         Subtr. Apt #_ctc<	COF ANNL	PROFIT RPORATION JAL REPORT <b>1997</b>	FILING FEE AFT	FLORIDA DEPA Sandra   Secreta	RTMENT OF STATE <b>B. Mortham</b> ary of State CORPORATIONS	Feb 13 1	ILED .997 8:0 ary of S	
Intellight Contrasts       Mailing Apottess         Status       Explore Status         Status	1. Corporation	n Name	K33782	(9)				
Principal Face of Business     A Control of Contro Control of Control of Control of Control of Control of Control of	6401 SW 87 A 204 MIAMI FL 3314	VE		6401 SW 87TH AVE 204 MIAMI FL 33173-2592				
1     28     Solido, Apr. #, etc:     28     Solido, Apr. #, etc:     50	2. Principal F	lace of Business	2	a. Mailing Address		09/19/1988	05/01/1996	·
City & State       27       City & State       State & State       Added to Fee         7       7       28       29       30       Pointde Statutes       Fixed State       Note & State <td< th=""><th></th><th>di ata</th><th>26</th><th></th><th><b></b></th><th></th><th>N</th><th>ot Applicable</th></td<>		di ata	26		<b></b>		N	ot Applicable
Ch/S State       City & State       6. Declore Campaign Financing       \$5.00 May £         2p       2p       Country       8. This corporation has flacing for ligargible fax unders is 1992.         3       2p       2p       Country       8. This corporation has flacing for ligargible fax unders is 1992.         4       2p       2p       2p       2p       2p       2p         4       2p       2p </td <td></td> <td>#, eic</td> <td>27</td> <td>7</td> <td></td> <td>5. Certificate of Status Desired</td> <td></td> <td></td>		#, eic	27	7		5. Certificate of Status Desired		
2/p         Country         2/p         Country         9         0 <th0< th=""> <th0< th="">         0</th0<></th0<>	City & State	e	20	-1		1		
B. Nume and Address of Current Registered Agent     KRUEGER, KETH     GOT	Zip		ountry	Zip	L,	8. This corporation has liability for i	ntangible tax under s	
6401 SW 87TH AVE SUITE 204 MAAM FL 33143       Image: Lank constraints of the provision of Sections 607.05.02 and 607.15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agunt, or both, the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the bagnetines of, Sections 607.05.02 and 607.15.08, Florida Statutes, the above-named corporation's board of directors. I hereby accept the sepontment as regist office or registered agunt, or board, or triguent source to provide of the corporation's board of directors. I hereby accept the sepontment as regist agent. Lank code; the obligations of, Soction 007.0505, Florida Statutes.         8300M104E       Expression agent and the destated.       INDIE Repetered agent signature regulate directors. I hereby accept the sepontment as regist agent. Lank code; the obligations of, Soction 007.0505, Florida Statutes.         8300M104E       Expression agent agen	L				[30]			
MIAMI FL 33143       Street Address (FO. BOX NUMBER IS NON Addeptable)       Image: Address (FO. BOX NUMBER IS NON Addeptable)					81 Name		······································	·
Style         Type of the production of the production         (NOTE: Registered agent and this of applicable         (NOTE: Registered agent and this of applicable         DATE           2.         OFF ICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1           NE         PD         ITHE         1111E         IChange         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1           NF         KRUEGER, KEITH         IDELETE         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1           NF         SAMAMI FL         IDELETE         13.         ITHE         IChange         A           NS         KRUEGER, KEITH         IDELETE         13.         ITHE         IChange         A           NS - 20P         S.         MAMI FL         14. CITY-ST-20P         IChange         A           MRE         KRUEGER, PATRICIA         23. STREET ADDRESS         ITHE         IChange         A           NS.3. ZPP         MAMI FL         24. CITY-ST-22P         IChange         A         A           V.S.5. ZPP         MAMI         IDELETE         31. TITLE         IChange         A           V.S.7. ZP         MAR         KRUEGER, WILLIAM E         33. STREET ADDRESS         IChange         A           VY.S.7.								
IILE PD LETE LADRESS ITEL ADDRESS ITEL ADDRE	<ol> <li>Pursuant t office or re agent. 1 ar</li> </ol>	to the provisions o egistered agont, o m familiar with, an	I Sections 607.0502 and r both, in the State of Flo d accept the obligations	607.1508, Florida Statu rida. Such change was of, Section 607.0505, F		rporation submits this statement for the p ation's board of directors. I hereby accep	FL I	
AME     KRUEGGER, KEITH     12 NAME       G401 SW 87TH AVE SUITE 204     13 STRET ADDRESS       ITY-ST-2P     S. MAMI FL     14 CITY-ST-2P       Iter     SD     XOELETE       VARE     KRUEGGER, PATRICIA     Change       9019 S.W. 107 AVE     23 STRET ADDRESS       MAME     KRUEGGER, WILLIAM E       G401 SW 87TH AVE SUITE 204     33 STRET ADDRESS       MAME     V     23 STRET ADDRESS       MAMI FL     24 CITY-ST-2P       Ite     V     DELETE       MAME     STREET ADDRESS       MAME     G401 SW 87TH AVE SUITE 204       MARE     33 STREET ADDRESS       MARE     6401 SW 87TH AVE SUITE 204       MARE     33 STREET ADDRESS       MAME     DELETE       MARE     42 ITTLE       MARE     33 STREET ADDRESS       MARE     42 NAME       G401 SW 87TH AVE SUITE 204     33 STREET ADDRESS       MARE     DELETE       HET ADDRESS     43 CITY-ST-2P       Ite     DELETE       Ite     DELETE       ST-72P     44 CITY-ST-2P       Ite     DELETE       STREET ADDRESS     53 STREET ADDRESS       Ity-ST-2P     53 STREET ADDRESS       Ite     DELETE       STR			ed name of registered agent and til	lle if applicable. (NO	tes, the above-named cor authorized by the corpora lorida Statutes.	uirad when reinstating)	FL	ts registered registered
N. S. TORNESS     S. MIAMI FL     I A CITY-ST-2P       NLE     SD     I A CITY-ST-2P       ME     KRUEGEER, PATRICIA     22 NAME       9019 S.W. 107 AVE     23 STREET ADDRESS       MIAMI FL     24 CITY-ST-2P       ILE     V       NE     KRUEGEER, WILLIAM E       6401 SW 87TH AVE SUITE 204     33 STREET ADDRESS       MIAMI FL     I DELETE       1Y - ST-2P     34 CITY-ST-2P       NLE     I DELETE       1Y - ST-2P     34 CITY-ST-2P       NE     43 STREET ADDRESS       1Y - ST-2P     44 CITY-ST-2P       NE     1 DELETE       1LE     I DELETE       1V - ST-2P     44 CITY-ST-2P       1V - ST-2P     52 NAME       1X - ST-2P     54 CITY-ST-2P       1X - ST-2P     54 CITY-ST-2P	IGNATURE 2.	Signa në tyrrë e print	ed name of registered agent and til	ile if applicable. (NO ECTORS	tes, the above-named con authorized by the corpore lorida Statutes. TE: Registered Agent signature requ 13.	uirad when reinstating)	FL	ts registered registered
NE     SD     V     DELETE     21 TITLE       ME     KRUEGER, PATRICIA     23 STREET ADDRESS     23 STREET ADDRESS       9019 S.W. 107 AVE     23 STREET ADDRESS     24 CITV-ST-2P       ILE     V     DELETE     31 TITLE       ME     KRUEGER, WILLIAM E     33 STREET ADDRESS     0 Change     A       MAMI FL     DELETE     31 TITLE     0 Change     A       ME     KRUEGER, WILLIAM E     33 STREET ADDRESS     0 Change     A       G401 SW 87TH AVE SUITE 204     33 STREET ADDRESS     34 CITV-ST-2P     0 Change     A       ILE     0 DELETE     41 TITLE     0 Change     A       MAMI FL     0 DELETE     31 STREET ADDRESS     0 Change     A       V     Street ADDRESS     44 CITV-ST-2P     0 Change     A       ILE     0 DELETE     41 TITLE     0 Change     A       MF     0 DELETE     51 TITLE     0 Change     A       ME     1 DELETE     51 TITLE     0 Change     A       MF     0 DELETE     51 TITLE     0 Change     A       MF     1 DELETE     53 STREET ADDRESS     1 A     1 Change     A       MF     1 DELETE     53 STREET ADDRESS     53 STREET ADDRESS     1 A       M	IGNATURE 2.	PD KRUEGER, KE	d name of registered agent and th OFF ICERS AND DIRE	ile if applicable. (NO ECTORS	tes, the above-named cor authorized by the corpore lorida Statutes. TE: Registered Agent signature requ 13. 1.1 TITLE	uirad when reinstating)	FL	ts registered registered
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6.3 STREET ADDRESS 9-S1-2(P) 6.4 CITY-S1-2(P) 6.4 CITY-S1-2(P)	GNATURE LE ME REELADDRESS Y-ST-ZIP LE ME REELADDRESS Y-ST-ZIP LE ME REELADDRESS Y-ST-ZIP LE ME REELADDRESS V-ST-ZP LE REELADDRESS	PD KRUEGER, KE 6401 SW 87TI S. MIAMI FL SD KRUEGER, PA 9019 S.W. 10 MIAMI FL V KRUEGER, WI 6401 SW 87TI	Contraction of registered agort and the OFF ICERS AND DIRE EITH H AVE SUITE 204 ITRICIA 7 AVE	Ile if acplicable. (NO ECTORS DELETE DELETE DELETE DELETE DELETE DELETE	Ites, the above-named con authorized by the corpore lorida Statutes. TE: Registered Agent signature required <b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	uirad when reinstating)	FL         urpose of changing it         bate         DATE         ERS AND DIRECTOR         Change         Change         Change         Change         Change         Change         Change	Is registered registered IS IN 12 C Addition
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I. I do hereby certily 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 oat I am an officer or director of the corporation or the receiver or tristee 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 for on an avachment with an address.	IGNATURE 2. 2. 3. 4. 3. 4. 4. 4. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	PD KRUEGER, KE 6401 SW 87TT S. MIAMI FL SD KRUEGER, PA 9019 S.W. 10' MIAMI FL V KRUEGER, WI 6401 SW 87TT MIAMI FL	Contract of registered agont and the OFF ICERS AND DIRE	Ite if acplicable. (NO ECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Ites, the above-named con authorized by the corpore lorida Statutes. TE: Registered Agent signature required <b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	Jirid when reinstelling) ADDITIONS/CHANGES TO OFFIC	FL         urpose of changing if         DATE         DATE         ERS AND DIRECTOR         Change         Change	IS registered registered IS IN 12 Addition Addition Addition Addition