



Mar 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Mar 10 1997 8:00am Secretary of State	
DOCUMENT # K41034 (5)							
1. Corporation Name TROPICAL LIGHTING, INC.							
Principal Place of Business 16390 NE 52ND AVENUE MIAMI FL 33014 US				Mailing Address 16390 NW 52ND AVENUE MIAMI FL 33014-6210 US			
2. Principal Place of Business				2a. Mailing Address		3. Date Incorporated or Qualified 10/24/1988	
21 Suite, Apt. #, etc.				26 Suite, Apt. #, etc.		3a. Date of Last Report 04/09/1996	
22 City & State				27 City & State		4. FEI Number 65-0085579	
23 Zip				28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country				30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DENNISON, JOHN 6710 MAIN STREET SUITE 238 MIAMI LAKES FL 33014				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			
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 _____ DATE _____							
(NOTE: Registered Agent signature required when reinstating)							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE				1.1 TITLE			
1.2 NAME				1.2 NAME			
1.3 STREET ADDRESS				1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP				1.4 CITY - ST - ZIP			
2.1 TITLE				2.1 TITLE			
2.2 NAME				2.2 NAME			
2.3 STREET ADDRESS				2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP				2.4 CITY - ST - ZIP			
3.1 TITLE				3.1 TITLE			
3.2 NAME				3.2 NAME			
3.3 STREET ADDRESS				3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP				3.4 CITY - ST - ZIP			
4.1 TITLE				4.1 TITLE			
4.2 NAME				4.2 NAME			
4.3 STREET ADDRESS				4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP				4.4 CITY - ST - ZIP			
5.1 TITLE				5.1 TITLE			
5.2 NAME				5.2 NAME			
5.3 STREET ADDRESS				5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP				5.4 CITY - ST - ZIP			
6.1 TITLE				6.1 TITLE			
6.2 NAME				6.2 NAME			
6.3 STREET ADDRESS				6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP				6.4 CITY - ST - ZIP			
14. I do 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.							
SIGNATURE: _____							
305 2/4/97 624-5300							