

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # **K41034**

Corporation Name  
**TROPICAL LIGHTING, INC.**

Principal Place of Business  
**ONE 52ND AVENUE  
FL 33014**

Mailing Address  
**16390 NW 52ND AVENUE  
MIAMI FL 33014  
US**

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**

09-07-1999 90007 029 \*\*\*550.00



61283f-90007-29



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/24/1988</b>	
Suite, Apt. #, etc.		26		4. FEI Number <b>65-0085579</b>	
City & State		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Country		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Zip		29		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>DENNISON, JOHN 6710 MAIN STREET SUITE 238 MIAMI LAKES FL 33014</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 85 Zip Code	

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	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
ADDRESS		1.1 TITLE	
ZIP		1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
ADDRESS		2.1 TITLE	
ZIP		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
ADDRESS		3.1 TITLE	
ZIP		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
ADDRESS		4.1 TITLE	
ZIP		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
ADDRESS		5.1 TITLE	
ZIP		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
ADDRESS		6.1 TITLE	
ZIP		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

I 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Kathleen Denworth**

**8/17/99**

**305-624-5300**

CR2E034 (5/99)