

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # L21663 (4)

1. Corporation Name

WORLD LIGHTING CONSULTANTS, INC.

95 APR 13 PM 3:46

Principal Place of Business

**8073 N.W. 167TH STREET
STE C-5
MIAMI FL 33015
US**

Mailing Address

**8073 N.W. 167 STREET #C-5
MIAMI FL 33015-4314
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/06/1989

3a. Date of Last Report

03/21/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0158314

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SANDBERG, NEAL L. - ATTORNEY
1482 S. MIAMI AVENUE
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81

Name

SANDBERG, NEAL L., ATTORNEY

82

Street Address (P.O. Box Number is Not Acceptable)

2650 BISCAYNE BOULEVARD, 2nd FLOOR

83

84

City

MIAMI

FL

**85 Zip Code
33137**

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)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOSS, DAVID
STREET ADDRESS	9 INDIAN CREEK ISLAND
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	ST
NAME	MONTELONGO, SYLVIA
STREET ADDRESS	9 INDIAN CREEK ISLAND
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	V
NAME	CONNORS, ROBERT M.
STREET ADDRESS	4700 PIERCE STREET
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	33154
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	33154
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	33021
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 resigning, or on an attachment with an address.

SIGNATURE:

David M. Moss
SIGNATURE AND TYPED, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Moss
President

3/11/95

(305) 825-4500

Date

Telephone Number