

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L43812 (1)**

1. Corporation Name

**NIGHT-HAWK LIGHTING PRODUCTS, INC.**



Principal Place of Business

**10909-A SOUTHWEST 113 PLACE  
MIAMI FL 33176**

Mailing Address

**10909-A SOUTHWEST 113 PLACE  
MIAMI FL 33176**

2. Principal Place of Business

21 **12927 SW 133 CT**

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

24 **33186**

25 **DADE**

29

30

9. Name and Address of Current Registered Agent

**HERSMAN, M. J.  
10909-A SOUTHWEST 113 PLACE  
MIAMI FL 33176**

3. Date Incorporated or Qualified

**01/16/1990**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0170102**

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

10. Name and Address of New Registered Agent

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 if not applicable

Signature, typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **STD  
HERSMAN, JEAN**  
STREET ADDRESS **10909-A SW 113 PLACE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **PD  
HERSMAN, MICHAEL**  
STREET ADDRESS **10909-A SW 113 PLACE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 in 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: *JEAN M. HERSMAN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/4/96*  
Date

*305-456-6900*  
Daytime Phone

CR2E034 (12/95)