

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L58482 (5)  
1. Corporation Name  
FLORIDA PALACE LIGHTING, INC.

Principal Place of Business

% ALVIN T. GOLDFARB  
125 NE 40TH ST  
MIAMI FL 33137

Mailing Address

% ALVIN T. GOLDFARB  
125 NE 40TH ST  
MIAMI FL 33137

APPROVED  
AND  
FILED  
pg. 192  
97 JUL 15 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/14/1990	3a. Date of Last Report 01/17/1996
4. FEI Number 59-3002578	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

9. Name and Address of Current Registered Agent  
GOLDFARB, ALVIN T.  
125 NE 40TH ST  
MIAMI FL 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDFARB, ALVIN T.	
STREET ADDRESS	125 NE 40TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	700002241757-3
3.3 STREET ADDRESS	-07/18/97--01098-011
3.4 CITY-ST-ZIP	****165.00 ****165.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

ORIGINAL MAILED 1/3/97 LOST

DUPLICATE MAILED 7/15/97 (205) 576 1005

CR2E034 (4/97)

pg 2 of 2

*Florida Palace Lighting, Inc.*

125 N.E. 40TH STREET • MIAMI, FL 33137-3585 • (305) 576-1995 • FAX (305) 576-3417

July 14, 1997

DIVISION OF CORPORATIONS  
ANNUAL REPORTS SECTION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

Attn: Amy Allan

RE: L58482

Dear Miss. Alan:

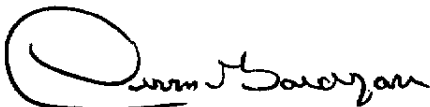
As per our telephone conversation on Monday, July 14, 1997, we have sent in the original filing for 1997 on Januray 3, 1997. Our filing was one of the ones which were lost.

Enclosed please find another copy of the report and another check in the amount of \$165.00.

Thanks for your time and cooperation in this matter.

Sincerely,

FLORIDA PALACE LIGHTING, INC.



Alvin Goldfarb  
Pres.

AG:ag  
Encl: