FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # L58674 IN LIGHTING COMPANY	1 (7)				
Principal Place of Business Mailing Address						[41 B+814 010]+ 01041 01011 4001
1580 MAIN STREET 1580 MAIN STREET						
DUNEDIN FL 34699 DUN		DUNEDIN FL 34698	DUNEDIN FL 34698			
บร		US		DO NOT WRITE IN THIS SPACE		
	•				3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address					03/20/1990 4. FEI Number	Applied For
21	26				59-3008371	Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				_	\$8.75 Additional
22					5. Certificate of Status Desired	Fee Required
·		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	1		Trust Fund Contribution	Added to Fees
Zip	}		Countr	У	8. This corporation owes or has paid the c	
24	25 9. Name and Address of Currer	29 1 Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registere:	
LAD			81	Name	To. Transcription of the Francisco	a 1180111
LAPP, ROBIN 9270 90 TH ST. N.				5		
SEMINOLE FL 33542			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
OLIMITOLE 1 E 00072			83	 		
			84	City		85 Zip Code
] "	City	Fi	L 85 Zip Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, toffice or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. 				e-named co y the corporas.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered opointment as registered
SIGNATURE						
	Signature, typed or printed manie of registered age		TE: Registered Ag	ont signature req	uirod when reinstating) DATE	ID DIDECTORS III 46
12.	D OFFICERS AN	OFFICERS AND DIRECTORS X DELETE			ADDITIONS/CHANGES TO OFFICERS AT	Change Addition
NAME	LONG, DORIS	· · · · · · · · · · · · · · · · · · ·				C overige C Addition
STREET ADDRESS	1580 MAIN STREET		1.2 NAME	T ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-:			
TITLE	PST DELETE		2.1 TITLE	W) E #		Change Addition
NAME	LAPP, ROBIN		2.2 NAME			
STREET ADDRESS	1580 MAIN STREET		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		2. 4 CITY+	ST-ZIP		
TITLE	D 🗷 DELETE		3.1 TITLE			Change Addition
NAME	LAPP, ROBIN		3.2 NAME			
STREET ADDRESS	1440 MAIN STREET		3.3 STREE	T ADDRESS		
CITY-ST-ZIP	OUNEDIN FL		3 4. CITY-	ST-ZIP		
TITLE	D DELETE		4.1 TETLE			Change Addition
NAME	LAPP, ROBIN		4. 2 NAME			Ī
STREET ADDRESS	1580 MAIN STREET			ADDRESS		
CITY-ST-ZIP	DUNEDIN FL			ST-ZIP		Change Addition
TITLE	D Long, ronald					Citable C Who(101)
NAME CTOSET ADDRESS	Anna Alama Ampuren		5.2 NAME	1 4000000		
STREET ADDRESS	NIMPON FI			ADDRESS		
CITY-ST-ZIP TITLE			5.4 CITY - 1 6.1 TITLE	01-ZIF		Change Addition
NAME	inn oronor		6.2 NAME			
STREET ADDRESS	1580 MAIN STREET			I ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		6.4 City - 1			

14. 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 suppliemental 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 of on an attachment with an address.

9/98 012

FILED

May 11 1998 8:00am

Secretary of State

CRZEO