

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

PROFIT CORPORATION
AMENDED ANNUAL REPORT
1999

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

DOCUMENT # M23233

1. Corporation Name

Southeast Florida Lighting, Inc.

Principal Place of Business

Mailing Address

5300 NW 12th Ave., Ste. 1
Ft. Lauderdale, FL 33309

5300 NW 12th Ave., Ste. 1
Ft. Lauderdale, FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

November 12, 1985

4. FBI Number

X 59-2627407

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Kent Kaiser
5300 NW 12th Ave., Ste. 1
Ft. Lauderdale, FL 33309

81. Name

John Michael Traynor, Esquire

82. Street Address (P.O. Box Number Is Not Acceptable)

28 Cordova Street

83. City

84. State

St. Augustine, FL

Zip Code 32084

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 607.0508, Florida Statutes.

SIGNATURE

John Michael Traynor

6/18/99

Signature of person named as registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/P ☒ DELETE

NAME Kent Kaiser

STREET ADDRESS 5300 NW 12th Ave., Ste. 1

CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE S ☒ DELETE

NAME Jeanette Kaiser

STREET ADDRESS 5300 NW 12th Ave., Ste. 1

CITY-ST-ZIP Ft. Lauderdale, FL 33309

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that this 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, with all other like empowered.

SIGNATURE: X *Charles L. Meteer Jr.*

President

6/20/99

954-0772-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number