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FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **M39853** (0)
1. Corporation Name
LIGHTING EXPLOSION, INC.



Principal Place of Business
**5101 N UNIVERSITY DR
LAUDERHILL FL 33351**

Mailing Address
**5101 N UNIVERSITY DR
LAUDERHILL FL 33351-5015**

3. Date Incorporated or Qualified
10/10/1986

3a. Date of Last Report
04/25/1996

4. FEI Number
59-2738647

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

**LEVITT, PRESTON C.
5950 W OAKLAND PARK BLVD
STE 303
FT LAUDERDALE FL 33313**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code

FL

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 reinstalling)

DATE

OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS

1.1 TITLE ☒ DELETE

1.2 NAME **DP KENWOOD, WILLIAM**

1.3 STREET ADDRESS **5101 UNIVERSITY DR**

1.4 CITY-ST-ZIP **LAUDERHILL FL**

2.1 TITLE ☒ DELETE

2.2 NAME **REBHOLZ, ROBERT JR.**

2.3 STREET ADDRESS **5101 UNIVERSITY DR**

2.4 CITY-ST-ZIP **LAUDERHILL FL**

3.1 TITLE ☐ DELETE

3.2 NAME **KENWOOD, BRETT**

3.3 STREET ADDRESS **5101 N UNIVERSITY DR**

3.4 CITY-ST-ZIP **LAUDERHILL FL**

4.1 TITLE ☐ DELETE

4.2 NAME **S KENWOOD, SUSAN**

4.3 STREET ADDRESS **5101 N UNIVERSITY DR**

4.4 CITY-ST-ZIP **LAUDERHILL FL**

5.1 TITLE ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **Pro**

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **VP**

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 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.

SIGNATURE:

Brett Kenwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-97 **744-7402**
Date Daytime Phone #

CR2E034 (9/96)