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 # 1. Corporation Name

(2)

CITY LIGHTING SERVICE, INC.

Principal Place of Business

Mailing Address

FILED Jul 23 1997 8:00am Secretary of State



2841 NE 46T LIGHTHOUSE	'H Street E Point fil 33064	2841 NE 46TH STREET LIGHTHOUSE POINT FL 33	0064		
				DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified	3a. Date of Last Report
				02/08/1988	04/04/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0100028	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	7-10-00-	5. Certificate of Status Desired	\$8.75 Additional
22/1059	ISLAND LAKES LAI	27 P.O. BOX	7 10882	G. Continuate of Status Desired	Fee Required
City & State	Ruton FL	City & State 28 Boca Royer	F6_	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 339	498 25 Country	29 33 497 3	Country 0	This corporation owes or has pai Personal Property Tax due June	
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Reg	listered Agent
MILLER, RICHARD P.				rebail Mills	,
	41 N.E. 46TH ST.		82 Street A	doress (P.O. Box Number is Not Acceptable	
LIGHTHOUSE POINT FL 33084				9 FS/AND LAKES	5 / me
			83	7 FOLHIJU LIKE	3 1-411-
			84 City /2	ne a Patra	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above named o	OCA KATON orporation submits this statement for the pu	traces of changing its social and
onice or r	edistered adani, or noto, in the State of	Elotida Such channa was aut	horized by the cores	oration's board of directors. I hereby accept	t 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 a	and little if applicables (MOTE 6	Socialored Appellation 1		
12.	OFFICERS AND I		Registered Agent signature re	ADDITIONS/CHANGES TO OFFICE	DATE EDG AND DIDECTORS IN 16
TITLE	P	DELETE	1,1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	MILLER, ALAN		1.2 NAME		Change C Addition
STREET ADDRESS	10341 MARLIN CIRCLE				-
=	BOCA RATON FL 33428		1.3 STREET ADDRESS		
CITY-ST-ZIP	VP	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		
NAME	MILLER, GLEN	C) ottere			Change Addition
	11843 WATERGATE CIRCLE		2.2 NAME		
STREET ADDRESS	BOCA RATON FL 33428		2.3 STREET ADDRESS		
CITY-ST-ZIP	DOON FINTON FL 33420	DELETE	2.4 CITY-ST-ZIP		
TITLE	;	☐ DETERE	31 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Deceme	3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		į
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
did I do bush				· 	

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.