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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name M70513

(0)

C & L LIGHTING, INC.

							an anan ene	N BABA BUBU ARBI
Principal Place	e of Business	Malling Address				88 III 888 BI		
15908 GULF	BLVD.	15908 GULF BLVD.				-		
REDINGTON	BEACH FL 33708	REDINGTON BEACH F	FL 33708					
 					3. Date Incorporated or Qualified			
					03/03/1988	—	e of Last 3/21/19	
	Place of Business	2a. Mailing Address			4. FEI Number		0/6 1/ 10	Applied For
Suite, Apt.	# 010	26			59-2876372		ļ	Not Applicable
22 Suite, Apr.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional
City & State	e	City & State					Fee	Required
23		28			6. Election Campaign Financing Trust Fund Contribution			00 May Be
Zip	Country	Zip	Country		This corporation has fiability for	_		ed to Fees
24	25	29	30		Florida Statutes Yes	intangible ti s No	ax under s	199.032,
	9. Name and Address of Cui	rrent Registered Agent			10. Name and Address of New I	Registered	Agent	
HITERNE	ER, WILLIAM		81	Name				···
	ED, WILLIAM BULF BLVD.		82	Street Addre	ess (P.O. Box Number is Not Acceptat	ble}		
	TON BEACH FL 33708		83					
190010	TOTA DENOTE IL 00700		100				-	
			84	City				p Code
11. Pursuant to	to the provisions of Sections 607.0	502 and 607,1508, Florida Statut	res the above-n	emed corpora	tion submits this statement for the pu	<u> </u>		•
or registere familiar wit	red agent, or both, in the State of F th, and accept the obligations of, S	lorida. Such change was authorized for the section 607,0505. Florida Statutes	ed by the corpo	pration's board	ition submits this statement for the pu d of directors. I hereby accept the app	rpose of cha contraent as	anging its i registered	registered offici Lagent. Lam
		outon der 10000, i londa otatatoo	<i>></i> .				•	
SIGNATURE								
	Signature, typed or printed name of registered a)TE Registered Agent	signature required a	when reinstating)	DATE		
12.	OFFICERS A	AND DIRECTORS	DTE Registered Agent	signature required v		DATE	DIRECTO	PRS IN 12
12.	OFFICERS A			signature required of	when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	DRS IN 12
12. TITLE NAME	OFFICERS A P HUEBNER, WILLIAM	AND DIRECTORS	13.	signature required a		ICERS AND		
12. TITLE NAME STREET ADDRESS	OFFICERS. P HUEBNER, WILLIAM 15908 GULF BLVD.	AND DIRECTORS	13. 1. 1 TITLE 1.2 NAME 1.3 STREET A	ADDRESS		ICERS AND		
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SIGNATURE: William A. William Signature and typed or printed name of signing officer or director

4-16-96 813-393-6960
Date Degree Phone #