FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90055 023 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

	MENT # M91059 HTS IN LIGHTING, INC.						
Principal Place	of Business	Mailing Address				\$ (40100)) (10) 600) (10) (40) (40) (40) (40) (40) (40)	
2660 OAK TREE CIR OAKLAND PARK FL 33309 2660 OAK TREE CIR OAKLAND PARK FL 33309						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 07/15/1988	
2. Principal Pl	ace of Business	2a. Mailing Address	,			4. FEI Number Applied For	
21		26				65-0095141 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Coun	itry		8. This corporation owes the current year Intangible	
	25	29 3	_	,		Personal Property Tax.	
24	9. Name and Address of Curren		1			10. Name and Address of New Registered Agent	
	5. Italie and Address of Curion	- Trogratario Again	1	81	Name		
POPE, CRAIG B.							
				Street A	Address (P.O. Box Number is Not Acceptable)		
				02		And the state of t	
0780				63			
			Ī	84	City	FL 85 Zip Code	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was auti	nonzed i	by th	named coe corpor	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered ager	(NOTE: P.	anietarad A	Naent ei	ionature rec	required when reinstating) DATE	
12.		ID DIRECTORS	13.	Agent a	ignature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.5 TITL	F		Change Addition	
	POPE, CRAIG B		1.2 NAM				
NAME	2660 OAK TREE CIR				DDDEEC		
STREET ADDRESS		·			DDRESS		
CITY-ST-ZIP	OAKLAND PARK FL	☐ DELETE	1.4 CITY		<u> </u>	☐ Change ☐ Addition	
TITLE	•	☐ Detete	2.1 TITL		ļ		
NAME			2.2 NAM				
STREET ADDRESS			2.3 STR	REETAL	DDRESS	·	
CITY-ST-ZIP			2. 4 CIT		ZIP		
TITLE .		☐ DELETE	3.1 TITL	Æ		☐ Change ☐ Addition	
NAME	•		3.2 NAM	ME	- 1		
STREET ADDRESS	•		3.3 STR	REETAL	DDRESS		
CITY-ST-ZIP			3.4. CfT	Y-ST-	ZIP		
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME			4. 2 NA	ME	ļ		
STREET ADDRESS			4.3 STR	REETA	DDRESS		
C/TY-ST-ZIP			4.4 CIT	Y-ST-Z	ZIP		
TITLE		☐ DELETE	5.1 TITL	LE		Change ☐ Addition	
NAME			5.2 NAN	ME			
STREET ANDRESS			5.3 STR	REET A	DDRESS		

CITY-ST-ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed or ess, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Change

Addition