

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 AM 10:37

DOCUMENT # P39681

(2)

1. Corporation Name

LIGHT GIANT, INC.

Principal Place of Business

POST OFFICE BOX 5799
HOLLYWOOD FL 33003
181

Mailing Address

POST OFFICE BOX 5799
HOLLYWOOD FL 33003

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Creation

07/17/1992

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 18181 NE 31 COURT

2a. Mailing Address

26 18181 NE 31 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE # 1107.

27 STE # 1107.

City & State

City & State

23 N. MIAMI BEACH, FL

28 N. MIAMI BEACH FL

Zip

Country

Zip

Country

24 33160

25 USA

29 33160

30 USA

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. 190.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARNETT, DAVID
634 WEST FLAGLER ST.
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name DAVID BARNETT

82 Street Address (P.O. Box Number is Not Acceptable)
3440 Hollywood BLVD.

83 3RD FLOOR.

84 City Hollywood

FL

85

33021.

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 file if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC
NAME FRIEDLAND, DION
STREET ADDRESS 28 SLOANE ST
CITY-ST-ZIP LONG BEACH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

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 is voluntarily furnished and does not qualify for the exemption stated in Section 190.032(1)(b), 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 and consequences as appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DION R. FRIEDLAND

2/7/95

305 983 3210

Signature and typed or printed name of signing officer or director