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Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000039917 (8)

1. Corporation Name

~~FLORIDA LAMP & SHADE, INC.~~

Name Change 1-7-97  
FLS Lighting Co.

Principal Place of Business

150 S ST 434  
STE 1085  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

150 S SR 434  
SUITE 1085  
ALTAMONTE SPRINGS FL 32714-3857  
US

2. Principal Place of Business

21 552 N. U.S. Hwy 1  
Suite, Apt. #, etc.  
22 Tequesta, Florida  
City & State

2a. Mailing Address

26 Same  
Suite, Apt. #, etc. as place of business  
27 City & State

23 Zip Country  
24 33469 25 Palm Beach

28 Zip Country  
29 30

9. Name and Address of Current Registered Agent

SIENA, LINDA  
150 S SR 434 STE 1085  
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified

05/28/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3186875

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

10. Name and Address of New Registered Agent

81 Name

Sienna Linda

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

552 N. U.S. Hwy 1

83

Tequesta, Florida

84 City

FL

85 Zip Code

33469

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

*Linda Sienna*

Linda Sienna / President 4-5-97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SIENA, LINDA  
STREET ADDRESS 500 STANTON PLACE  
CITY-ST-ZIP LONGWOOD FL

TITLE VP ☐ DELETE

NAME DUFFY, WILLIAM  
STREET ADDRESS 500 STANTON PLACE  
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Sienna, Linda  
1.3 STREET ADDRESS 8825 S.E. MARINA Bay DR  
1.4 CITY-ST-ZIP Hobe Sound, FL 33455

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME Duffy William  
2.3 STREET ADDRESS 8825 S.E. MARINA Bay DR  
2.4 CITY-ST-ZIP Hobe Sound, Florida 33455

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 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:

*Linda Sienna* Linda Sienna 561-746-6688  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #