## 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** 

## DOCUMENT # P93000057753

1. Corporation Name

LAMPS AND SHADES BY DANOR, INC.

Principal Place	e of business	Malling Address						
5501 N. FEDERA	AL HWY	5501 N. FEDERAL H	-IWY					
BOCA RATON F		BOCA RATON FL 3						
US		US				DO NOT WRITE IN THIS SPACE		
						<ol><li>Date Incorporated or Qualifed</li></ol>		1
						08/18/1993		
2 Principal Pl	lace of Business	2a, Mailing Addres	ss			4. FEI Number	Ap	plied For
<b>─</b> `		26				59-1939296	No	t Applicable
Suite, Apt. i	# etc	Suite, Apt. #, e	etc.				\$8.75	Additional
	r, 810.	——————————————————————————————————————				5. Certifcate of Status Desired	Fee Re	
22		City & State				a Flatina Comunica Financiae and	\$5:00	NATIONAL PARTY
City & State	e - ~	City & State				6. Election Campaign Financing  Trust Fund Contribution		,
23		28		ountry		<del></del>		01663
Zip	Country	Zip		ountry		8. This corporation owes the current y		□No
24	25	29	30			Personal Property Tax.		
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Regis	tered Agent	
				81	Name			į
	CHAN, HENRY			82	Street Add	tress (P.O. Box Number is Not Acceptable)		
5501	n. Federal Hwy.				QII COL 7 IOU	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
BOC	A RATON FL 33487			83	<del></del>			
				84	City		FL 85 Zip C	Code
			0			ti cubmits this statement for the our		registered
11. Pursuant	to the provisions of Sections 607.050	)2 and 607.1508, Florida of Florida, Such change	a Statutes, the e was authoriz	e above- zed by th	nameo con ne comporati	poration submits this statement for the purp ion's board of directors. I hereby accept the	appointment as re	gistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.05	05, Florida St	tatutes.				
SIGNATURE								}
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Register	red Agent s	signature require		ATE	
12.	OFFICERS AN	ID DIRECTORS	13	2		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RSIN 12
12.		ID DIRECTORS		J		ADDITIONO/CHANGES TO CITTOE		
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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 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 of on an appear 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 appear of the corporation or the receiver or trustee empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

**FILED** 

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90061 005 \*\*\*150.00