

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 # **P93000063879**

1. Corporation Name
FOX LIGHTING, INC.

Principal Place of Business

2691 W. 81 STREET
HIALEAH FL 33016
US

Mailing Address

2691 W. 81 STREET
HIALEAH FL 33016
US

FILED

99 JAN 12 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1993

4. FEI Number

59-3215796

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

- FOSTER, STEVEN R -
- 2691 W. 81 STREET -
- HIALEAH FL 33016 -

10. Name and Address of New Registered Agent

81 Name **Foster, David S.**
82 Street Address (P.O. Box Number is Not Acceptable)
2691 W. 81st Street
83
84 City **Hialeah** **FL** 85 Zip Code **33016**

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 title if applicable.

David S. Foster Director

(NOTE: Registered Agent signature required when reinstalling)

DATE

1/11/99

12. OFFICERS AND DIRECTORS

TITLE **CTSD** ☒ DELETE
NAME **FOSTER, STEPHEN R**
STREET ADDRESS **2691 W. 81 STREET**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **PD** ☒ DELETE
NAME **FOSTER, DAVID S**
STREET ADDRESS **4100 SW 84 TERRACE**
CITY-ST-ZIP **DAVIE FL 33328**

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 **CD** ☐ Change ☒ Addition
1.2 NAME **Foster, Stephen R.**
1.3 STREET ADDRESS **71 Front Street East, Suite 415**
1.4 CITY-ST-ZIP **Toronto, Ontario, Canada M5E 1T9**
2.1 TITLE **PSTD** ☐ Change ☒ Addition
2.2 NAME **Foster, David S.**
2.3 STREET ADDRESS **2691 W. 81st Street**
2.4 CITY-ST-ZIP **Hialeah, Florida, 33016**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **800002740788-3**
3.3 STREET ADDRESS **-01/14/99-01006-009**
3.4 CITY-ST-ZIP ******150.00 ****150.00**

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

David S. Foster

1/11/99

Date

(305)556-1700

Daytime Phone #

013454

CR2E034 (1/198)