

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000004874 (1)**

1. Corporation Name

EXCITING LIGHTING OF PASCO, INC.



Principal Place of Business: **162 COMMERCIAL WAY SUITE 1193 SPRINGHILL FL 34606 US**

Mailing Address: **162 COMMERCIAL WAY SUITE 1193 SPRINGHILL FL 34606 US**

3. Date Incorporated or Qualified: **01/10/1994**

3a. Date of Last Report: **04/03/1995**

4. FEI Number: **59-3220002**

5. Certificate of Status Desired: Applied For Not Applicable

6. Election Campaign Financing: **\$8.75 Additional Fee Required**

7. Election Campaign Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. Suite, Apt. #, etc.: **27**

23. City & State: **28**

24. Zip: **25** County: **29**

30. City & State: **30**

g. Name and Address of Current Registered Agent

**MULDERINK, TIMOTHY B
162 COMMERCIALWAY
SUITE 1193
SPRINGHILL FL 34606**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0129 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 607.0125, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE: **PTVS** DELETE

NAME: **MULDERINK, TIMOTHY B.**

STREET ADDRESS: **11259 LIBBY RD**

CITY-ST-ZIP: **SPRING HILL FL**

TITLE: DELETE

NAME: DELETE

STREET ADDRESS: DELETE

CITY-ST-ZIP: DELETE

TITLE: DELETE

NAME: DELETE

STREET ADDRESS: DELETE

CITY-ST-ZIP: DELETE

TITLE: DELETE

NAME: DELETE

STREET ADDRESS: DELETE

CITY-ST-ZIP: DELETE

TITLE: DELETE

NAME: DELETE

STREET ADDRESS: DELETE

CITY-ST-ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE Change Addition

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE Change Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE Change Addition

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE Change Addition

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE Change Addition

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE Change Addition

62. NAME

63. STREET ADDRESS

64. 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 recorder or custodian 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 352-683-5920

CR2E034 (12/95)