

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000004874 (1)**  
 1. Corporation Name  
**EXCITING LIGHTING OF PASCO, INC.**



Principal Place of Business <b>162 COMMERCIAL WAY                  SUITE 1183                  SPRINGHILL FL 34806                  US</b>	Mailing Address <b>162 COMMERCIAL WAY                  SUITE 1183                  SPRINGHILL FL 34806                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 154 Commercial Way</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Spring Hill, FL</b> Zip Country <b>24 34606 25 US</b>	2a. Mailing Address <b>26 154 Commercial Way</b> Suite, Apt. #, etc. <b>27 Spring</b> City & State <b>28 Spring Hill, FL</b> Zip Country <b>29 34606 30 US</b>
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3. Date Incorporated or Qualified <b>01/10/1994</b>	4. FEI Number <b>59-3220002</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**MULDERINK, TIMOTHY B  
 162 COMMERCIALWAY  
 SUITE 1183  
 SPRINGHILL FL 34806**

10. Name and Address of New Registered Agent

81 Name <b>Mulderink, Timothy B</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>154 Commercial Way</b>
83
84 City <b>Spring Hill</b>
85 Zip Code <b>FL 34606</b>

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 (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE <b>PTVS</b>	<input type="checkbox"/> DELETE	
NAME <b>MULDERINK, TIMOTHY B.</b>		
STREET ADDRESS <b>11259 LIBBY RD</b>		
CITY-ST-ZIP <b>SPRING HILL FL</b>		
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *Timothy B. Mulderink*

CR2E034 (10/97)