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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000015158 (6)

NORTH AMERICAN LIGHTING SERVICES INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 27 1998 8:00am Secretary of State



4400 S.W. 35TH AVENUE FT. LAUDERDALE FL 33312		4408 S.W. 35TH AVENU FT. LAUDERDALE FL 33			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
					02/21/1994		
2. Principal P	lace of Business	2a. Mailing Address	<del></del>		4. FEI Number	Applied For	
21		26			59-3226430	Not Applicable	
Suite, Apl.	#, etc.	Suite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional	
22		27	27		5. Certificate of Status Desired	Fee Required	
City & Stat	0	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Zip Cour		8. This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30. XYes No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TILLIAMS, ANSON C III				81 Name			
9340 N 56 STREET SUITE 220				82 Street	Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33617							
				83			
				84 City	FI <sup>[1</sup>	85 Zip Code	
		0000			P <b>be</b> [	and the section of	
office or r	egistered agent, or both, in the S	tate of Florida. Such change was	authorized	d by the cor	d corporation submits this statement for the purpose of che poration's board of directors. I hereby accept the appoin	langing its registered tment as registered	
agent. I a	m familiar with, and accept the ol	bligations of, Section 607.0505, F	lorida Stat	utes.		_	
SIGNATURE	Signature typed or printed name of registere	· · · · · · · · · · · · · · · · · · ·			e required when reinstatino) DATE		
12.		AND DIRECTORS	13.	Agent signatur	e required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DI	DECTORS IN 12	
TITLE	D	DELETE	1.1 10			Change Addition	
NAME	WILLIAMS, ANSON C III		1.2 N		PRESIDENT	,	
STREET ADDRESS	9340 N 56 STREET SUITE	220		reet addréss	WILLIAMS, ANSWA ( ITT		
CITY-ST-ZIP	TANDA EL 22017			TY+ST-ZIP	WILLIAMS, ANSON CITT 4408 SW 35+1 Ave FL 33317	<b>e</b> .	
TITLE		DELETE	2.1 10		CEO	Change Addition	
NAME			2.2 N/		FLANIGAN, RICK E.		
STREET ADDRESS				reet address	4408 SN 35- Ave		
CITY-ST-ZIP				TY-ST-ZIP	FT LANDEROALL, FL 3337		
TITLE		DELETE	3.1 Tri		CFO -	Change Addition	
NAME			3.2 NA				
STREET ADDRESS				reet address	FLANIBAN, PATRICKE.	}	
CITY-ST-ZIP				TY-ST-ZIP	TAMPA, FL 33635		
TITLE		DELETE	4.1 311			Change Addition	
NAME		<del>-</del>	4. 2 N				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE	5.1 Til			Change Addition	
NAME			5 2 N				
STREET ADDRESS			1	reet address			
CITY-ST-ZIP				IY-ST-ZIP			
TITLE	-	DELETE	6.1 Tr			Change Addition	
NAME			6.2 N/				
STREET ADDRESS				REET ADDRESS	]		
CITY-SI-7IP				TY-ST-71P			

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 10 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 or in attachment with an address.

4-21-98

954 964-4200