

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 # P94000015158

1. Corporation Name

NORTH AMERICAN LIGHTING SERVICES INC.

Principal Place of Business

4408 S.W. 35TH AVENUE  
FT. LAUDERDALE FL 33312

Mailing Address

4408 S.W. 35TH AVENUE  
FT. LAUDERDALE FL 33312

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

WILLIAMS, ANSON C III  
9340 N 50 STREET SUITE 220  
TAMPA FL 33617

81 Name *RICK E. FLANIGAN*

82 Street Address (P.O. Box Number is Not Acceptable)  
*4408 SW 35TH AVE*

83

84 City *FT. LAUDERDALE, FL* 85 Zip Code *33312*

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

*Rick E. Flanigan* RICK E. FLANIGAN CEO

1/26/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                         |           |                    |                                                                   |
|----------------|-------------------------|-----------|--------------------|-------------------------------------------------------------------|
| TITLE          | P                       | 1. DELETE | 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | WILLIAMS, ANSON C III   |           | 1.2 NAME           |                                                                   |
| STREET ADDRESS | 4408 SW 35TH AVE        |           | 1.3 STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    | FT. LAUDERDALE FL 33312 |           | 1.4 CITY-ST-ZIP    |                                                                   |
| TITLE          | CEO                     | 2. DELETE | 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | FLANIGAN, RICK E.       |           | 2.2 NAME           |                                                                   |
| STREET ADDRESS | 4408 SW 35TH AVE        |           | 2.3 STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    | FT. LAUDERDALE FL 33312 |           | 2.4 CITY-ST-ZIP    |                                                                   |
| TITLE          | CFO                     | 3. DELETE | 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | FLANIGAN, PATRICK E.    |           | 3.2 NAME           |                                                                   |
| STREET ADDRESS | 11310 BLOOMINGTON DR.   |           | 3.3 STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    | TAMPA FL 33635          |           | 3.4 CITY-ST-ZIP    |                                                                   |
| TITLE          |                         | 4. DELETE | 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |           | 4.2 NAME           |                                                                   |
| STREET ADDRESS |                         |           | 4.3 STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                         |           | 4.4 CITY-ST-ZIP    |                                                                   |
| TITLE          |                         | 5. DELETE | 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |           | 5.2 NAME           |                                                                   |
| STREET ADDRESS |                         |           | 5.3 STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                         |           | 5.4 CITY-ST-ZIP    |                                                                   |
| TITLE          |                         | 6. DELETE | 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |           | 6.2 NAME           |                                                                   |
| STREET ADDRESS |                         |           | 6.3 STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                         |           | 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:

*Rick E. Flanigan* RICK E. FLANIGAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CEO

Date

Daytime Phone #

0291898

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90138 046 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1994

4. FEI Number

59-3226430

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

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

Yes

No

CR2E034 (11/98)