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

PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P940000447	'89
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1. Corporat on Name

HERITAGE LIGHTING, INC.

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Principal Place of Business Mailing Address			*1		4			•••••			
8951 BONITA B	EACH RD.	8951 BONITA BEACH RD.									
SUITE 580 SUITE 580			BAAAA			DO NOT WRITE IN THIS SPACE					
BONITA SPRINGS FL 34135-4208 BONITA SPRINGS FL 33923 US						3. Date Incorporated or Qualifed					
						06/15	/1994				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			L		ied For
26					65-0499573			Not Applicable			
Suite, At t. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifca	•	\$8.75 Ac ditional Fee Required			
22		27									
City & State		City & State	City & State			l '	ı Campaign Financir	9 🗆			lay Be
23		28				Trust F	and Contribution		Ac	ded to	Fees
Zip	Coun ry	Zip	_ Coun	itry		I	poration owes the c	urrent year Int	_		73.4
4	25	29 3	0				al Property Tax.		∐ Yes	3]No
	9. Name and Address of Curren	t Registered Agent	-	04		10. Name	and Address of Nev	v Registere 1	Agent		
DOG	ENDERC BARRYL C		1	81	Name						
	ENBERG, DARRYL G		1	82	Street Ad	tress (P.O. Box	Number is Not Acce	ptable)			
	BONITA BEACH RD.			_							
	E 580		1	83							
BUN	ITA SPRINGS FL 33923		-	84	City			FL	85	Zip C	ode
44 Disease	to the provisions of Sections 607.050.	2 and 607 1500 Florida Statutos	the ab		named co	noration submit	a this statement for t		 changir	ng its r	egistered
office o r	registered agent, or both, in the State of familiar with, and accept the obligations.	ο Florida. Such change was ε uti	horized	by t	the corpora	ation's board of d	irectors. I hereby ac	cept the appoin	ıtment	as reg	istered
SIGNATURE											
	Signature, typed or printed nar a of registered agen		-	\gent	signature requ	red when reinstating)	NS/CHANGES TO	DATE	ט טום:	ECTO	S IN 12
12.	, 	☐ DIRECTORS ☐ DELETE	13.	_		ADDITIC	NS/CHANGES TO	JEFICERS / III	☐ Ch		Addition
TITLE	PSD DARRY O	□ DELETE	1.1 TITLE							ugo	
NAME	10021102110, 07111112 0			1.2 NAME							
STREET ADDRESS	\$117 G.B.M.(1217 G202 G.). G.). (1217 1227			1 3 STREET ADDRESS							
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY		-ZIP				☐ Ch	2000	Addition
TITLE	CD	☐ DELETE	2.1 TITLE							ange	
NAME	ROSENBERG, MILTON G		2.2 NAM								
STREET ADDRESS			2.3 STF	REET.	ADDRESS						
CITY-ST-ZIP	ALBERT LEA MN		2. 4 CIT		r-ZiP					2000	Addition
TITLE		☐ DELETE	3 1 TITL	Æ					☐ Ch	ange	☐ Addition
NAME			3 2 NA	ИE							
STREET ADDRE IS			3.3 STF	REET	ADDRESS						
CITY-ST-ZIP			3.4. CIT	Y-ST	r-ZIP						
TITLE		☐ DELETE	4.1 ∏∏	E					☐ Ch	ange	Addition
NAME			4. 2 NA	ME							
STREET ADDRESS			4.3 STRE		ADDRESS						
CITY-ST-ZIP			4.4 CITY		-ZIP						
TITLE		☐ DELETE	5.1 ∏∏						☐ Ch	ange	Addition
NAME			5.2 NA	ИE							
STREET ADDRE :S			5.3 STF	REET	ADDRESS						
CITY-ST-ZIP			5.4 CIT	Y-ST	-ZIP						
TITLE		☐ DELETE	6.1 TITI	Ē					☐ Ch	ange	☐ Addition
NAME			6.2 NAJ	ΜE							
STREET ADDRE IS			6.3 STF	REET	ADDRESS						
	1		0.40								

14. I hereb / certify that the information supplied wift 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 this same legal effect as if made under oath; that I am an officer or director of the corporarion or the receiver or trustee empowered to execute this report as recuired 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:

AND TYPES OR I PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 (941) 495.9:596

CR2F034 (11/98)