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

PROFIT CORPORATION ANNUAL REPORT

1998

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ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000079513 (5) DOCUMENT # 1. Corporation Name

PAUL MORGAN LIGHTING DESIGN, INC.

Principal Place of Business Mailing Address 2050 E OAKLAND PARK BLVD 2050 E OAKLAND PARK BLVD STE #204 STE #204 DO NOT WRITE IN THIS SPACE FORT LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306 3. Date Incorporated or Qualified 10/28/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0541011 2050 E. OAKLAND PARK BLVD 26 SAME Not Applicable Sulte, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired SUITE 204 Fee Required 22 City & State City & State **\$5.00** May Be 6. Election Campaign Financing FT LAUDERDALE Trust Fund Contribution Added to Fees 23 28 Country Zip Country B. This corporation owes or has paid the current year Intangible 25 BROWARD Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MORGAN, PAUL 81 1441 N.E. 17TH WAY Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33304 83 84 City 85 Zip Code 11. Pursuant to the provisions of Soctions 607.0502and c. .7.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, of 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 or patients of Section 607.0505, Florida Statutes. RESIDENT SIGNATURE rege force agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change Addition OELETE TITLE 1.1 TITLE MORGAN, PAUL NAME 1.2 NAME CR2E034 1441 N.E. 17TH WAY STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33304 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE

2.2 NAME

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4. 2 NAME

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2 4 CITY-ST-ZIP

14. Thereby 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 trusted 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:

NAME

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME

1

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

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FILED

Apr 27 1998 8:00am

Secretary of State