## 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 # P94000079513

PAUL MORGAN LIGHTING DESIGN, INC.

Principal Place	e of Business	Mailing Address						
2050 E OAKLAI	ND PARK BLVD	2050 E OAKLAND PARK E	BLVD					
V. 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		STE #204	#204 Lauderdale fl 33306		DO NOT WRITE IN THIS SPACE			
US US			33300		3. Date Incorporated or Qualifed			
00		••			10/28/1994		1	
2. Principal P	lace of Business	2a. Mailing Address		<del></del>	4. FEI Number	App	lied For	
21		26			65-0541011	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ad	1	
22		27			5. Certificate of Clatter Desired	Fee Req		_
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 %		
23		28		<del></del>	Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip		untry	8. This corporation owes the current year		JNo	
24	25	29]	30	<del></del>	Personal Property Tax.  10. Name and Address of New Registers			
	9. Name and Address of Curren	it Registered Agent		81 Name	10. Name and Address of New Registers	d Agent		
MOE	rgan, Paul							
1441 N.E. 17TH WAY				82 Street Addre	ess (P.O. Box Number is Not Acceptable)	Park Kin	, ≠200	
FT. LAUDERDALE FL 33304				83	250 E OFRICANOF	muc ryer.		
				84 City	CANDERDAGE F	85 Zip Co	306	
44 Dureuget	to the provisions of Sections 607 050	2 and 607 1508 Florida Statu	ites, the	above-named corpo	pration submits this statement for the purpose	of changing its r	egistered	
office or r	registered agent or both in the State	of Florida, Such change was	authorize	ed by the corporatio	n's board of directors. I hereby accept the app	ointment as regi	istered	
agent. I a	im familiar with, and accept the obliga	itions of, Section 607.0505, Fi	onua Sta	ilules.				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registere	ed Agent signature required	when reinstating) DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	D	☐ DELETE	1.1 7	TITLE -		Change	☐ Addition	:
NAME	MORGAN, PAUL		1.2 h	NAME		1		,
STREET ADDRESS	1441 N.E. 17TH WAY		1.3 \$	STREET ADDRESS	7050 E OHRLAND PR FT LAUDERPHIL, FL	COLVD #	£ 204	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		1.40	CITY-ST-ZIP	TT LAUDERPALL TL	33306		į
TITLE		☐ DELETE	2.11	тте			Addition	,
NAME					<del></del>	☐ Change		
STREET ADDRESS			2.21	NAME		Change		
_CITY-ST-ZIP	}					Change		İ
			2.3 5	NAME			- <u> </u>	-
TITLE		☐ DELETE	2.3 \$ 	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	-
TITLE NAME		☐ DELETE	2.3 \$ 	NAME STREET ADDRESS CITY-ST-ZIP-	<del></del>		- <u> </u>	=
		☐ DELETE	2.3 \$ 	NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		- <u> </u>	-
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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 eath; 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.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90123 013 \*\*\*150.00