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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000010696 (9)

1. Corporation Name
MACROLUX, INC.



Principal Place of Business
POST OFFICE BOX 860358
ST. AUGUSTINE FL 32086-0358

Mailing Address
POST OFFICE BOX 860358
ST. AUGUSTINE FL 32086-0358

3. Date Incorporated or Qualified 02/01/1995
3a. Date of Last Report 02/16/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-3304501
Applied For Not Applicable

21. State, Apt. #, etc.

26. State, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23. Zip Country

28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHROEDER, MANFRED F
2830 HIGHWAY US 1 SOUTH
ST. AUGUSTINE FL 32086

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PVD	1.1 TITLE	☐ Change ☐ Addition
2. NAME	CLIFF, SVEN A	1.2 NAME	
3. STREET ADDRESS	POST OFFICE BOX 860358	1.3 STREET ADDRESS	
4. CITY-STATE-ZIP	ST. AUGUSTINE FL 32086-0358	1.4 CITY-STATE-ZIP	
5. TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
6. NAME	CLIFF, CATHARINA L	2.2 NAME	
7. STREET ADDRESS	POST OFFICE BOX 860358	2.3 STREET ADDRESS	
8. CITY-STATE-ZIP	ST. AUGUSTINE FL 32086-0358	2.4 CITY-STATE-ZIP	
9. TITLE		3.1 TITLE	☐ Change ☐ Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
13. TITLE		4.1 TITLE	☐ Change ☐ Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
17. TITLE		5.1 TITLE	☐ Change ☐ Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
21. TITLE		6.1 TITLE	☐ Change ☐ Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-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 contained 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.

SIGNATURE: *Manfred F. Schroeder* 3/17/97 904/747-7192
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date/Phone #

CR2E034 (9/96)