

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 # P95000010696

1. Corporation Name
MACROLUX, INC.

Principal Place of Business
2820 US 1 S
ST. AUGUSTINE FL 32086-0358
US

Mailing Address
P. O. BOX 860358
ST. AUGUSTINE FL 32086-0358
US

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90049 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1995

4. FEI Number

59-3304501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2820 U.S. 1 So.

Suite, Apt. #, etc.

22 2nd floor

City & State

23 St. Augustine FL

Zip

24 32086

Country

25 USA

2a. Mailing Address

26 P. O. Box 860358

Suite, Apt. #, etc.

27

City & State

28 St. Augustine FL

Zip

29 32086

Country

30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Manfred F. Schroeder

DATE

1/11/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PVD
NAME CLIFF, SVEN A
STREET ADDRESS POST OFFICE BOX 860358
CITY-ST-ZIP ST. AUGUSTINE FL 32086-0358

TITLE STD
NAME CLIFF, CATHARINA L
STREET ADDRESS POST OFFICE BOX 860358
CITY-ST-ZIP ST. AUGUSTINE FL 32086-0358

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Manfred F. Schroeder, Registered Agent

904/797-7192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)