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Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT
1997

Principal Place of Business

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000013970 (5)

DISTINGUISHED LIGHTING AND SUPPLY, INC.

942 MONTEGO DRIVE P.O. BOX 15496 WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33416-5496 3. Date Incorporated or Qualified 3s. Date of Last Report 02/16/1995 04/09/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 65-0560848 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Dosired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Ziρ Country Zip Country B. This corporation has liability for intangible tax under s. 199.032, Yes 🔀 No 24 25 29 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCCUTCHEON, VERONICA Verenica McCutcheen 4875 NO. CARROL CIRCLE Street Address (P.O. Box Number is Not Acceptable)
942 Montego Drive 82 **WEST PALM BEACH FL 33415** 83 84 City 33417 West Palm Beach 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) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 18. ... DELETE Change Addition TITLE 1 1 THUE MCCUTCHEON, VERONICA 12 NAME NAME 942 MONTEGO DRIVE STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 1.4 CHTY-S1-ZIP CITY-ST-ZIP DELETE ☐ Change ___ Addition 2.1 TITLE TITLE MCCUTCHEON, HENRY C NAME 2.2 NAME 942 MONTEGO DRIVE 2.8 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition 31 TOUR TALE NAME 3.2 NAME 3.8 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.4 TITLE ☐ Change NAME 4. 2 NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition 5.4 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.8 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE

> 6.2 NAME 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the

6.4 CITY - ST - ZIP

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.