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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF COMMENT # P95000045795 (8)

BOND WAY LIGHTING INC.

Mailing Address

Principal Place of Business 705 BOND WAY DELRAY BEACH FL 33483

705 BOND WAY DELRAY BEACH FL 334 FILED Feb 26 1998 8:00am Secretary of State



DELRAY BEACH FL 33483		DELRAY BEACH FL 33483			DO NOT WRITE IN THIS SPACE					
						3.	Date Incorporated or Qualified		<u></u>	
•							06/07/1995			
	lace of Business	2a. Mailing Address				4.	FEI Number		Ar	oplied For
21		26					65-0593025		No	ot Applicable
Suite, Apt #, etc.		Suite, Apt #, etc.				6.	Certificate of Status Desired		* · ·	Additional equired
City & State		City & State 28				6.	Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip <b>24</b>	Country 25	7 ip Count <b>30</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	9. Name and Address of Curren	t Registered Agent				10.	Name and Address of New Re	gistered	Agent	
JENNINGS, REBECCA A 705 BOND WAY DELRAY BEACH FL 33483			8	1	Name Street Addre	ess (P	P.O. Box Number is Not Acceptab	ole)		
			8	3						
			8	4	City			FL	<b>85</b> Zip	Code
office or re	to the provisions of Sections 607 000 egistered agent, or both, in the State in familiar with, and accept the obliga	of Horida. Such change was a	authorized I	bγ	the corporation	oration ion's b	on submits this statement for the population of directors. I hereby acceptions	ourpose o	f changing it pointment as	ts registered registered
SIGNATURE	**									
12.	Signature by • disciported name of registered a per OFFICERS AND		13.	gen	niuper erutenga Ir		reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DIRECTOR	20 141 20
TITLE	P	DELETE	1.1 TITLE	 F		<i>'</i>	ADDITIONS/CHANGES TO OFFIC	LIO AN	Change	Addition
NAME	JENNINGS, REBECCA A		1.2 NAM							
STREET ADDRESS	705 BOND WAY				ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL 33483		1.4 CiTY		- 1					
TITLE		DELETE	2.1 TITLE						Change	☐ Addition
NAME			2.2 NAM	ξ						
STREET ADDRESS			2.3 STRE	ET A	ADDRESS					
CITY-ST-ZIF			2. 4 CITY	/-S1	T - Z(P					
TITLE		☐ DELETE	3.1 TITLE						Change	Addition
NAME			3.2 NAM	E						
STREET ADDRESS			3.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP			3.4. CITY	/- S1	1 - ZIP					
TITLE		☐ DELETE	4.1 TO LE	E					Change	Addition
NAME			4. 2 NAM	Æ						
STREET ADDRESS			4.3 STRE	ET#	ADDRESS					
CITY-ST-ZIP			4.4 CITY	- ST	- ZIP					
TITLE		☐ DELETE	5.1 TITLE	Ξ					L Change	Addition
NAME			5.2 NAMI	E						
STREET ADDRESS			5.3 STRE	ET A	ADDRESS					1
CITY-ST-ZIP			5.4 CITY		- ZIP					
TITLE		☐ DELETE	6.1 TITLE						☐ Change	Addition
NAME			6.2 NAM	E						
STREET ADDRESS			63 STRE	ET A	ADDRESS					

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 supplience 12 - 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 cofficient or the profession 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 chapted, or on any fully handly with an address

64 CITY-ST-ZIP

0101147117

2/23

2/23/98

ZE034 (10/97)