FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNO	jal repor 1996	T 🗼	Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS							
	MENT #	P95000	056327 (6)	Lander and American States					
LIGHT	BULB DEPO	T ENT, INC.					1 1861(88) NR 1818(8)	ala ka tan ka tit (.	imā māji tādi tādi
	····									
Principal Place			Mailing Address							
1810 SABEL DRIVE DEERFIELD BEACH FL 33442			1810 SABEL DRIVE DEERFIELD BEACH FL 33442							
						3.	Date Incorporated o 07/19/1995	r Qualified	3a. Date of Las	t Report
2. Principal Pl	lace of Business		28. Mailing Address				FEI Number			Applied For
21			26				65 0597 <i>6</i>	(88)		Not Applicable
Suite, Apt. #, etc.			Surte, Apt. #, etc.			5.	Certificate of Status	Desired		75 Additionat se Required
Orty & State			City & State			6.	Election Campaign f	_	\$5	.00 May Be
23			28				Trust Fund Contribu			ided to Fees
Zip [24]	25	Country	Z ₁ p	30	ountry	8.	This corporation has Florida Statutes	ability for i Yes ∐	L	rs 199.032,
27		d Address of Current		1501	Γ	10.	Name and Addres			
					81 Name	ひ。	& Luiz			
	I, MORRIS A				82 Street		O. Box Number is N	ot Accept to	ile) /L	_
1810 SABEL DRIVE					83	8680	PACIA	c. De	WP. AI	20/
DEFRE	eld beach fi	. 33442				<i>i</i>				
•					84 City	MA	LATON		FL 85	Zip Code
11. Puraliant	to the provisions	of Sections 607,0502 a r, in the State of Florida te obligations of Section	nd 607.1508, Florida St	atutes, the al	pove named c	orporation s	submits this statemen	it for the pur	rpose of changing	its registered office
familiar w	ired agent, or but fith, and accept the	r, in the State of Honda le obligations of Section	1 607,0505, Florida Stat	ionzea by the ules:	е согроганот в	s poara oi a	rectors i hereby acc	ертине арұл	ominiem as registe	лесгадети. сатг
SIGNATURE	Signature type of the	nied name of registered agent ar	t feto flata II associate	PROTE BLOCK	on Agent Signature	rena servadara n	amstation)		4/16/96	
12.	34 18: 10: 141 9 3 3 1	OFFICERS AND		13			ADDITIONS/CHANG	ES TO OFF	ICERS AND DIREC	CTORS IN 12
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NAME				1.2	NAME	206			,	
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CITY-ST-ZIP	ļ		☐ DELEIE		City-St-ZiP Little	BUA	RATON	R	3 <i>3√3</i> □ Chan	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this arrival report or supplemental arrival report is true and accurate and that my signature shall have the same legal effect of made under oath; that I am an officer or director of the conficration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes, in on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-16-96