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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000056327 (6)

LIGHT BULB DEPOT ENT, INC.

Principal Place of Business Mailing Address						{	, BOLDY BYNYD GIYO'D 17419 1,1211 I	
1810 SABEL DRIVE DEERFIELD BEACH FL 33442			1810 SABEL DRIVE DEERFIELD BEACH FL 33442-3631					
						 Date Incorporated or Qualified 07/19/1995 	3a. Date of Last Rep 05/01/1996	oort
2. Principal P	ace of Business	2a. Mail	ing Address			4. FEI Number		lied For
21		26				65-0597288	Not	Applicable
Suite, Apt.	#, etc.	Suite 27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ac	
City & State	е	City	City & State			6. Election Campaign Financing	\$5.00 N	/lay Be
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Z _i p		Country		8. This corporation has liability for in		199.032,
24	25	29	Amont	30			Yes No	
	g. Name and Address of Curre	ur veðistered	ı wâeıır	81	Name	10. Name and Address of New Reg	istered Agent	
	Z, JOE				Harric			
5680 PACIFIC BLVD. #1201				82	Street Add	ress (P.O. Box Number is Not Acceptable	e)	
BO	CA RATON FL 33433			83				
				84	City		FI 85 Zip Co	ode -
l office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stal m familiar with, and accept the oblig	e of Florida Si	ach channe was a	authorized by	the cornora	poration submits this statement for the pution's board of directors. I hereby accep	rpose of changing its	registered egistered
	on laminar with, and accept the confi	gations of, ood	Albir 607.0303, File	onda otaloloi	·.			
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if appli	capie (NOT	t. Flogistered Ago	ni signature requ	ned when reinstating)	DATE	
12.	OFFICERS AF	AD DIRECTOR	s	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS	IN 12
TIFLE	P		☐ DELETE	1.1 TITLE		T VP	☐ Change	Addition
NAME	LUIZ, JOE			1.2 NAME				
STREET ADDRESS 5680 PACIFIC BLVD. #1201			1.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33433			1.4 CITY - S	T-ZIP			<u>,</u>
TITLE	\$		[] DEFFLE	2.1 TITLE			L Change	Addition
NAME	GIRNUN, MORRIS			2.2 NAME				
STREET ADDRESS	1810 SABEL DRIVE			2.3 \$1REET	ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 3344	2	Brutte	2. 4 CITY-:	ST - 7/P			T Address
TITLE			☐ DELETE	3.1 TITLE			Change	Addition
NAME STOLET ADDDESS				3.2 NAME	1000160			
STREET ADDRESS : CITY-ST-ZIP				3.3 STREET				
TITLE			DELETE	3.4 CHY-1	01-2IF		Change	Addition
NAME				4. 2 NAME			- Onlingo	
STREET ADDRESS				4.3 STREET	ADORESS			
CITY-ST-ZIP				4.4 C(1Y - S				
TITLE			DELETE	5.1 TITLE	- 4/1		☐ Change	Addition
NAME				5.2 NAME			_	
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY - S	1			
TITLE	<u>, ,</u>		DELETE	6.1 TITLE			☐ Change	Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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 eath; that I am an officer or director of the corporation or the receiver or 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 changed, or in an attachment with an address.