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Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000057699 (7)

LUMINOUS DESIGNS, INC.

Principal Place of Business

2.	:port
Suite, Apit #, etc.    Suite, Apit #, etc.   Suite, Apit #, etc.   Suite, Apit #, etc.   Suite, Apit #, etc.   Suite, Apit #, etc.   City & State   City & State   Apit #, etc.   Apit #, etc.   City & State   Apit #, etc.   City & State   Apit #, etc.   City & State #, etc.   Apit #, etc.   City #, etc.   Apit #, etc.	plied For
City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Signature  SPENCER, STEVEN A  1900 EAST ROBINSON STREET  ORLANDO F1 32803  Signature  The provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing in other or registered agent, or both, in the State of Florida Statutes, the above named corporation submits this statement for the purpose of changing in other or registered agent, or both, in the State of Florida Statutes, the above named corporation submits this statement for the purpose of changing in other or registered agent, or both, in the State of Florida Statutes, the above named corporation submits this statement for the purpose of changing in other or registered agent and the digitations of Section 607 0508, Florida Statutes.  SIGNATURE  SIGNATURE  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named corporations submits this statement for the purpose of changing in other or registered agent. The registered Agent agent and the state of Plorida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  The PD  DELETE  11. Title  DELETE  11. Title  DELETE  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  The PD  DELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Large part agent agent agent agent agent when remistated the series agent agent agent when remistated the series agent agent agent agent agent agent when remistated the series agent	Applicable
City & Static  City &	
Trust Fund Contribution	<del></del>
Zip	
9. Name and Address of Current Registered Agent  SPENCER, STEVEN A 1900 EAST ROBINSON STREET ORLANDO FL 32803  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 607 0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing I office or registered agent, or both, in the State of Florida Statutes, the above named corporation submits this statement for the purpose of changing I office or registered agent, or both, in the State of Florida Statutes, the above named corporation's board of directors. I hereby accept the exponiment as grapher 1 am familiar with, and accept the Orligations of, Socion 637,6505, Florida Statutes.  SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OF	
9. Name and Address of Current Registered Agent  SPENCER, STEVEN A 1900 EAST ROBINSON STREET ORLANDO FL 32803  11. Pursuant to this provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing it office or registered agent, or both, in the State of Florida Such change was authorized by the corporation submits this statement for the purpose of changing it 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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 17. ASTRET ADDRESS 17. AND ASTRET ADDRESS 17. AND ASTRET ADDRESS 17. ASTRET ADDRESS 17. AND ASTRET ADDRESS 17. AS	100,002,
SPENUEN, SIEVEN A 1900 EAST ROBINSON STREET ORLANDO FL 32803  82 Street Address (P.O. Box Number is Not Acceptable)  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 in 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 agent. I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes.  SIGNATURE Signature, speed or prince name or registered agent and 80 d applicable  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17. ST. APP  HERRON, RAYMOND W  12. MAME  STREET ADDRESS  4510 COLONY ROAD  13. STREET ADDRESS  112. HILLSBOROUGH DR  SORRENTO FL  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  112. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  112. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  113. STREET ADDRESS  4510 COLONY ROAD  13. STREET ADDRESS  114. HILLSBOROUGH DR  SORRENTO FL  22. STREET ADDRESS  115. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  116. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  117. ST. APP  Change  Chang	
1900 EAST ROBINSON STREET ORLANDO FL 32803   82   Street Address (P.O. Box Number is Not Acceptable)   83   84   City	
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12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  PD HERRON, RAYMOND W 4510 COLONY ROAD  DELETE  SO NEW SMYRNA BEACH FL 32118  TITLE  SO SCHULTZ, ROBERT D 112 HILLSBOROUGH DR SCHULTZ, ROBERT D 112 HILLSBOROUGH DR SORRENTO FL TITLE  TO DELETE  SORRENTO FL TITLE  TO DELETE  AMME STREET ADDRESS CITY- ST- ZIP  TITLE  TO DELETE  AMME STREET ADDRESS STREET ADDRE	registered registered
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1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   NEW SMYRNA BEACH FL 32118   1.4 CITY-ST-ZIP	Addition
1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   NEW SMYRNA BEACH FL 32118   1.4 CITY-ST-ZIP	
NEW SMYRNA BEACH FL 32118	
NAME   SCHULTZ, ROBERT D   2.2 NAME   2.3 STREET ADDRESS   CITY-ST-ZIP   SORRENTO FL   2.4 CITY-ST-ZIP   TD   DELETE   3.1 TIFLE   DELETE   3.2 NAME   HERRON, RAYMOND W   3.2 NAME   STREET ADDRESS   CITY-ST-ZIP   NEW SMYRNA BEACH FL 32118   3.4 CITY-ST-ZIP   TITLE   DELETE   4.1 TITLE   DELETE   4.2 NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   DELETE   4.3 STREET ADDRESS   CITY-ST-ZIP   TITLE   DELETE   4.4 CITY-ST-ZIP   TITLE   DELETE   Change   CITY-ST-ZIP   TITLE   DELETE   Change   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP	
112 HILLSBOROUGH DR   2.3 STREET ADDRESS   SORRENTO FL   2.4 CITY-ST-ZIP	Addition
CITY-ST-ZIP   SORRENTO FL   2.4 CITY-ST-ZIP	
TD	
NAME   HERRON, RAYMOND W   3.2 NAME   3.2 NAME   4.5 10 COLONY ROAD   3.3 STREET ADDRESS   NEW SMYRNA BEACH FL 32118   3.4 CITY-ST-ZiP   Change   CITY-ST-ZIP	
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TITLE DELETE 6.1 TITLE	Addition Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	
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. I further certify that 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 unit am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my appears in Block 12 or Block 13 if changed, or on an attachment with an address.	der oath; that

A col New Charles W. Herron

**FILED** 

Feb 11 1997 8:00am

Secretary of State