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PROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name	P95000067576	(5)
JJ LIGHTING WHOLESALERS, INC.		

Principal Place of Business Maling Address 8741 WILES ROAD 8741 WILES ROAD CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 3. Date Incorporated or Qualified 3a. Date of Last Report 08/31/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zισ Country Country 8. This corporation has liability for intangible tax under s 199,032, 24 25 29 30 ☐ Yes ☐ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 82 Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 83 City 84 85 Zio Code 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office to Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am Section 607.0505-Florida Statutes. 11. Pursuant to the provisi or registered agent familiar with, a SIGNATURE DATE registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 TITLE ☐ Change ■ Addition NEWMAN, JEFF NAME 12 NAME 8741 WILES ROAD STHEET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL 33067 CITY - ST - ZIP 1.4 CITY - ST- 2IP THILE DELETE 2 1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY - ST - ZIP 24 CITY - ST - ZIP TITLE DELETE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREE! ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP TETLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - S1 - ZIP 4.4 CITY - ST- ZIP TITLE ☐ DELETE 5. 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-ZP 54 CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-S1-ZIP 6.4 CITY - ST- ZIP 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 annual profession of the exemption 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 exploration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name certify that the information indicated on this annual reach; that I am an officer or director of the officer appears in Block 12 or Block 3 if changed, of on an

nment with an address

OFFINTED NAME OF SIGNING OFFICER OF DIRECTOR

(12/95)

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