**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000068652

1. Corporation Name

allied i	IGHTING SERVICES, INC.									
Principal Place	e of Business	Mailing Address			_		( 1981) <b>ES</b> ( <b>188 (BIB) B</b> ILIN <b>SO</b> (1) <b>B</b> D(1)	884H 83HE BI	191 IB1IU VIIQ1 I	JISTO 1191 1981
3200 N.E. 36TH STREET 3200 N.E. 36TH STREET SUITE 1712 SUITE 1712							DO NOT WORT		SD465	
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308							DO NOT WRITE  3. Date Incorporated or Qualifed	IN THIS S	SPACE	
							09/05/1995			
2. Principal Place of Business 2a. Ma			Mailing Address				4. FEI Number		App	plied For
21		26		•			<u>65-0624647</u>		<del></del>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.	.=			5. Certifcate of Status Desired		\$8.75 A Fee Re	
City & State	e	<del>-</del>	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to	*
Zip	Country	Zip	Co	untry	,		8. This corporation owes the currer	it year Inta	ngible	
24	25 29 30						Personal Property Tax.		Yes Yes	□No
	9. Name and Address of Current	Registered Agent				1	<ol><li>Name and Address of New Re</li></ol>	gistered A	.gent	
				81	Name					
RAYMOND, JOHN J JR.ESQ 1200 N. FEDERAL HIGHWAY				82 Street Add			(P.O. Box Number is Not Acceptab	e)		
	E 411									
BOCA RATON FL 33432				84 City				FL	85 Zip C	ode
agent. I a	to the provisions of Sections 607.0602 egistered agent, or both, in the State of m familian with, and accept the obligat	and 607.1508, Flor of Ajorida. Such char ions of, Section 607 and title if applicable.	ida Statutes, the age was authorize 0505, Florida Sta (NOTE: Registere	atutes			3	urpose of c the appoint -30		registered gistered
12.	OFFICERS ANI		13	i			ADDITIONS/CHANGES TO OFFI			
TITLE	D '		ELETE 1,1	TITLE					Change	Addition
NAME	moone, oron		1.2 NAME						ļ	
STREET ADDRESS	551C50 5255 11.2. 5511, 511(221), 55112 11.12			1.3 STREET ADDRESS			-	•		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		1.4	1.4 CITY-ST-ZIP		4				
TITLE	☐ DELETE 2.1 T		TITLE					☐ Change	☐ Addition	
NAME	, 221		2.2 NAME						Į.	
STREET ADDRESS	2.3		2.3 STREET ADDRESS							
CITY-ST-ZIP**			CITY-S	ST-ZIP						
TITLE	DELETE 3.1		ΠLE	1		•		☐ Change	☐ Addition	
NAME			3.2	NAME						Ì
STREET ADDRESS		•	3.3	STREE	TADDRESS					
CITY-ST-ZIP			3.4.	CITY-S	ST-ZIP					
TITLE	☐ DELETE 4.11		4.1 TITLE					Change	Addition	
NAME			4.2	NAME						}
STREET ADDRESS			4.3	STREE	TADDRESS					1
CITY-ST-ZIP	4.4		CITY-ST-ZIP							
TITLE			DELETE 5.1	TITLE	+				☐ Change	☐ Addition
NAME			5.2	NAME						
STREET ADDRESS	,		5.3	STREE	T ADDRESS					{
CITY-ST-ZIP				CITY-S	ST-ZIP					
TMLE			SELETE 6.1	TITLE					Change	☐ Addition

CITY-ST-ZIP 14. I hereby certify that the Normation supplied with this fling 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 supplemental 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

RE STACKUMBERZ

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90078 040 \*\*\*150.00