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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # P9

P95000078425 (2)

WHOLESALE LIGHTING & SUPPLIES, INC.

Principal Plac	e of Business	Mailing Address	Mailing Address			1			
3905 NOB HII SUNRISE FL	LL ROAD. UNIT 201 33351		3905 NOB HILL ROAD. UNIT 201 SUMRISE FL 33351						
						DO NOT WRITE IN THIS SP	ACE		
						3. Date Incorporated or Qualified			
						10/12/1995			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	App	lied For	
21		26				65-0596618	Not	Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Ac		
22		27					<u>-</u>	.	
Crty & State		City & State				6. Election Campaign Financing	\$5.00 M		
23		28				Trust Fund Contribution	Added to		
Zip	-n , ' ├ -1			Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24 25 29 29 29 2 Name and Address of Current Registered Agent			30			Personal Property Tax due June 30. Yes No.			
				81	Name	10. Hallio and Address of from Hogistolos Al	,		
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE				6'	name				
				82 Street Address (P.O. Box Number is Not Acceptable)					
) C0	RAL GABLES FL 33134		<u> </u>						
i				83					
				84	City	FL.	85 Zip Co	ode	
44 5	No. 11 delegand Continue CO7	01.00 and 607.1509. Florid	a Etatutas, the	about	named cor	progration submits this statement for the nurrose of o	hanging its	registered	
office or agent. I a	registered agent, or both, in the S am familiar with, and accept the o	tate of Florida. Such chang bligations of, Section 607.0	a Statules, trie je was authori)505, Florida S	zed by Statutes	the corpora	ation's board of directors. I hereby accept the appoi	ntment as re	egistered	
SIGNATURE	Classical designation and the second	of majorit more later of majoritals	/NOTE Bregist	ared Ana	ni sionahire radu	quired when reinstating) DATE			
Signature, speed or proting name of registered agent and left if applicable (NOTE Registr 12. OFFICERS AND DIRECTORS 1				<u> </u>					
TITLE				1.1 TITLE			Change	Addition	
	WEINBERG, ALAN D			2 NAME					
NAME					100pproc				
OUNTROP EL DOGE				AODRESS					
CITY-ST-ZIP	SUNRISE FL 33351			4 CITY-S	T-ZIP		Change	Addition	
TITLE		☐ DE	.t.tt 2.1	1 TITLE	l	L	T change	LT MUUIIOI	

STREET ADDRESS
CITY-ST-ZIP

14. I 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 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 roceiver 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 on an attachment with an address.

6.2

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADORESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS City-St-Zip

TITLE

TITLE NAME

Clan D. Wenters ALA

ALAND WEINBERG

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-ST-ZIP

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4/27/98 954-741-4931

Change

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FILED

May 06 1998 8:00am

Secretary of State

CR2E034 (10/97)

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