SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name P95000079402 (0) BRIMMER LIGHTING INC. Principal Place of Business Mailing Address 2520 NW 16TH LANE BAY 14 2520 NW 16TH LANE BAY 14 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 3. Date Incorporated or Qualified 3a. Date of Last Report 10/13/1995 10/13/95 2. Principal Place of Business 2a. Mailing Address 65-0617218 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 Zip Country Zip Country 8. This corporation has habitity for intangible tax under single 199 032 24 25 29 Yes X No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name REED. RON 2520 NW 16TH LANE BAY 14 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33062 83 84 City 85 Zip Code 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 its registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and time if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96)TITLE DELETE 1.1 TITLE Change Addition NAME REED, RON 1.2 NAME CR2E034 STREET ADDRESS 2520 NW 16TH LANE BAY 14 1.3 STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP 14 CITY - ST - ZIP TITLE STD DELETE 2.1 TiTLE Change Addition REED. KRYSTYNE 2.2 NAME STREET ADDRESS 2520 NW 16TH LANE BAY 14 2 3 STREET ADDRESS POMPANO BEACH FL 33062 CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CiTY - ST - ZiE TITLE DELETE 4.1 THEE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- ZIP 44 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Add tron NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP THILE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 64 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 report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an office or directly the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and

on an attachment with an address

Mon

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-96 (954) 974-4499

that my name appears in Blo

SIGNATURE: