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FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000079402 (0)

1. Corporation Name
BRIMMER LIGHTING INC.



Principal Place of Business
2520 NW 16TH LANE BAY 14
POMPANO BEACH FL 33062

Mailing Address
2520 NW 16TH LANE BAY 14
POMPANO BEACH FL 33062

2. Principal Place of Business

21 2520 N.W. 16th Lane

Suite, Apt. #, etc.

22 Bay # 2

City & State

23 Pompano Bch, Fla

Zip

24 33062

Country

25 U.S.A.

2a. Mailing Address

26 2520 NW 16th Lane

Suite, Apt. #, etc.

27 Bay # 2

City & State

28 Pompano Bch, Fla

Zip

29 33062

Country

30 U.S.A.

3. Date Incorporated or Qualified
10/13/1995

3a. Date of Last Report
06/13/1996

4. FEI Number
65-0617218

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

REED, RON
2520 NW 16TH LANE BAY 14
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name Reed Ron
82 Street Address (P.O. Box Number is Not Acceptable) 2520 N.W. 16th Lane
83 Bay # 2
84 City Pompano Bch, FL 85 Zip Code 33062

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 Ron Reed Ron Reed President 4/28/97
(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE PD
NAME REED, RON
STREET ADDRESS 2520 NW 16TH LANE BAY 14
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE STD
NAME REED, KRISTYNE
STREET ADDRESS 2520 NW 16TH LANE BAY 14
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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 changed, or on an attachment with an address.

SIGNATURE Ron Reed Ron Reed 4/28/97 954-974-4499

CR2E034 (9/96)