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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000081611**1. Corporation Name

EARTHLIGHT, INC.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90029 008 ***150.00



	e of Business	Mailing Address						
191 SE 27TH A	WE .	191 SE 27TH AVE			ŀ			•
BOYNTON BEA	CH FL 33435	BOYNTON BEACH FL 3340	35					
					DO NOT WR		SPACE	
					3. Date Incorporated or Qualifed	1		
					10/23/1995			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		- Ap	plied For
21		26			65-0617790			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	П	\$8.75	
22		27			5. Certificate of Status Desired		Fee Re	quired
City & Stat	e	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution	<u> </u>	Added t	o Fees
Zip	Country Zip C		Cour	itry	8. This corporation owes the cur	rrent year Int	angible	
24	25	29	30		Personal Property Tax.		Yes	□No
1	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New	Registered .	Agent	
				81 Name				
SLATKIN, JASON E			20 0: 14		All (DO Book)			
9900 W SAMPLE RD			82 Street		Address (P.O. Box Number is Not Accept	(able)		
SUIT	TE 400		-	83	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	51 1 XX	5 7 18 18 18 18 18 18 18 18 18 18 18 18 18	11881 (161 (182)
	AL SPRINGS FL 33065							
				84 City			85 Zip (Code
					the state of the s	ГЬ		
11. Pursuant	to the provisions of Sections 607.050	of Florida, Such change was a	tes, the ab authorized	ove-named	corporation submits this statement for the poration's board of directors. I hereby acceptant	e purpose or ept the appoir	changing its ntment as re	gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	orida Statu	tes.	•			-
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis				Agent signature	required when reinstating) * / * * * * * * * * * * * * * * * * *	DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	D	☐ DELETE	1,1 TITU	Æ	1		Change	☐ Addition
NAME								,
IVAME	SEIDMAN, PAUL		1.2 NA	ΛE				
STREET ADDRESS	404 AF ATTU AUG	•		ME REET ADORESS	• • • • • • • • • • • • • • • • • • • •	·		
			1.3 STF		• • • • • • • • • • • • • • • • • • • •			
STREET ADDRESS	191 SE 27TH AVE	. DELETE	1.3 STF	REET ADORESS Y-ST-ZIP			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	191 SE 27TH AVE BOYNTON BEACH FL 33435 D		1.3 STF 1.4 CIT	REET ADORESS Y-ST-ZIP .E			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	191 SE 27TH AVE BOYNTON BEACH FL 33435 D CAPONE, TOM		1.3 STF 1.4 CIT 2.1 TITI 2.2 NA	REET ADORESS Y-ST-ZIP JE ME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	191 SE 27TH AVE BOYNTON BEACH FL 33435 D CAPONE, TOM 191 SE 27TH AVE	☐ DELETE	1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF	REET ADORESS Y-ST-ZIP LE ME REET ADORESS			. ☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	191 SE 27TH AVE BOYNTON BEACH FL 33435 D CAPONE, TOM		1.3 STF 1.4 CIT 2.1 TITI 2.2 NAA 2.3 STF 2.4 CIT	REET ADORESS Y-ST-ZIP JE JE JE REET ADORESS Y-ST-ZIP			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	191 SE 27TH AVE BOYNTON BEACH FL 33435 D CAPONE, TOM 191 SE 27TH AVE	DELETE	1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI	REET ADORESS Y-ST-ZIP LE AE REET ADORESS Y-ST-ZIP			'	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	191 SE 27TH AVE BOYNTON BEACH FL 33435 D CAPONE, TOM 191 SE 27TH AVE BOYNTON BEACH FL 33435	DELETE	1.3 STF 1.4 CIT 2.1 TITI 2.2 NAN 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAN 3.3 STF 3.4 CIT	REET ADORESS Y-ST-ZIP REET ADORESS Y-ST-ZIP REET ADORESS Y-ST-ZIP REET ADORESS Y-ST-ZIP			☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	191 SE 27TH AVE BOYNTON BEACH FL 33435 D CAPONE, TOM 191 SE 27TH AVE BOYNTON BEACH FL 33435	DELETE	1.3 STF 1.4 CIT 2.1 TIT 2.2 NAV 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAV 3.3 STF 3.4 CIT 4.1 TIT 4.2 NA 4.3 STF 4.4 CIT 5.1 TIT 5.1 TIT	REET ADORESS Y-ST-ZIP REET ADORESS			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	191 SE 27TH AVE BOYNTON BEACH FL 33435 D CAPONE, TOM 191 SE 27TH AVE BOYNTON BEACH FL 33435	DELETE	1.3 STF 1.4 CIT 2.1 TIT 2.2 NAV 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAV 3.3 STF 3.4 CIT 4.1 TIT 4.2 NAV 4.3 STF 4.4 CIT	REET ADORESS Y-ST-ZIP REET ADORESS		The service of the se	☐ Change	Addition Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	191 SE 27TH AVE BOYNTON BEACH FL 33435 D CAPONE, TOM 191 SE 27TH AVE BOYNTON BEACH FL 33435	DELETE	1.3 STF 1.4 CIT 2.1 TIT 2.2 NAV 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAV 3.3 STF 3.4 CIT 4.1 TIT 4.2 NAV 4.3 STF 4.4 CIT 5.1 TIT 5.2 NAV 6.3 STF	REET ADORESS Y-ST-ZIP REET ADORESS			☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	191 SE 27TH AVE BOYNTON BEACH FL 33435 D CAPONE, TOM 191 SE 27TH AVE BOYNTON BEACH FL 33435	DELETE	1.3 STF 1.4 CIT 2.1 TIT 2.2 NAV 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAV 3.3 STF 3.4 CIT 4.1 TIT 4.2 NAV 4.3 STF 4.4 CIT 5.1 TIT 5.2 NAV 6.3 STF	REET ADORESS Y-ST-ZIP REET ADORESS			☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	191 SE 27TH AVE BOYNTON BEACH FL 33435 D CAPONE, TOM 191 SE 27TH AVE BOYNTON BEACH FL 33435	DELETE	1.3 STF 1.4 CIT 2.1 TIT 2.2 NAV 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAV 3.3 STF 3.4 CIT 4.1 TIT 4.2 NAV 4.3 STF 4.4 CIT 5.1 TIT 5.2 NAV 5.3 STF 5.4 CIT	REET ADDRESS Y-ST-ZIP REET ADDRESS			Change Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	191 SE 27TH AVE BOYNTON BEACH FL 33435 D CAPONE, TOM 191 SE 27TH AVE BOYNTON BEACH FL 33435	DELETE	1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NAI 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT 6.1 TITI 6.2 NAI	REET ADDRESS Y-ST-ZIP REET ADDRESS			Change Change	Addition Addition

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 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, with all other like empowered.

SIGNATURE: