

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 ✓

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000092503 (8)**

1. Corporation Name
LIGHT-PROS, INC.



Principal Place of Business

Mailing Address

~~11945 ROYAL PALM BLVD.
#201
CORAL SPRINGS FL 33065~~

~~11945 ROYAL PALM BLVD.
#201
CORAL SPRINGS FL 33065~~

2. Principal Place of Business

2a. Mailing Address

21 **1239 EAST NEWPORT CENTER DRIVE** **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 119**

27 City & State

23 **DEERFIELD BEACH, FLA.**

28 City & State

24 **33442**

25 **U.S.A.**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**POOLE, WILLIAM F IV
644 WEST COLONIAL DRIVE
ORLANDO FL 32804**

3. Date Incorporated or Qualified

11/05/1995

3a. Date of Last Report

4. FEI Number

65-0631697

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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. Thereby 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 title if applicable

(NOTE: Registered Agent signature required when report filed)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **POOLE, WILLIAM F IV**
STREET ADDRESS **2421 HOFFNER AVENUE**
CITY-ST-ZIP **ORLANDO FL 32809**

☐ DELETE

TITLE **PRESIDENT**
NAME **DENNIE MERONEY**
STREET ADDRESS **4994 SABIE VINE CIRLE 9W-C1**
CITY-ST-ZIP **W. PALM BEACH, FL 33417**

☐ DELETE

TITLE **V. PRESIDENT**
NAME **LEE FREEMAN**
STREET ADDRESS **11945 ROYAL PALM BLVD #201**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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: **Lennie Meroney - PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/96 954-429-9040
DATE Daytime Phone #

CR2E034 (12/95)