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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Mar 04 1997 8:00am

Secretary of State

96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000092503 (8)

LIGHT-PROS. INC.

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

Principal Place of Business Mailing Address 1239 EAST NEWPORT CENTER DRIVE 1239 EAST NEWPORT CENER DRIVE SUITE 119 SUITE 119 DEERFIELD BEACH FL 33442-7711 DEERFIELD BEACH FL 33442 3. Date Incorporated or Qualified 3a. Date of Last Report 11/05/1995 04/02/1996 Principal Place of Business Mailing Address 4. FEI Number Applied For 65-0631697 21 26 Not Applicable Suite, Apr. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 П Added to Fees 23 Trust Fund Contribution 210 Country Zip Country This corporation has liability for intangible tax under s. 199.032. Yes DNo Florida Statutes 24 25 29 30 Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name POOLE, WILLIAM F IV **644 WEST COLONIAL DRIVE** Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32804 83 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 tille if applicable (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Addition 1.1 TITLE Change TITLE POOLE, WILLIAM F IV NAMÉ 1.2 NAME 2421 HOFFNER AVENUE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32809 1.4 CITY-ST-ZIP CITY - ST - ZIP PRESIDENT DELETE Change Addition TITLE 2.1 TITLE DENNIC MERONEY NAME 2.2 NAME 8338 ALBA WAY STREET ADDRESS 2.3 STREET ADDRESS WARFIELD BEACH, FL. 2 4 CITY-ST-ZIP CHIY- ST- 78 Change Addition TITLE 31 TITLE LEE PREEMAN DRIVE NORTH #10 NALIE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS MARGATE, H. 33063 3.4. CITY-ST-ZIP DELETE Channe Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition DILE 5 1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP C-TY - ST - Z)P DELETE Change Addition TITLE 6.1 TITLE 62 NAME NAME

6.3 STREET ADDRESS

ENNIE MERONEY 2/28/97

6.4 CITY-ST-ZIP

14. Ido 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 of 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.