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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P95000094853 (5)

Principal Place of Business	Mailing Address				
869 SE 47TH ST CAPE CORAL FL 33904 US	869 SE 47TH ST Cape Coral FL 33904 US				
2. Principal Place of Business	2a, Mailing Address				

**FILED** Feb 25 1998 8:00am Secretary of State

1, Corporation FLORII	on Name DA LIGHT SO	URCE, INC.	3004	000 (0)					
Principal Place of Business Mailing Address							T 1001/000 /IN (0/0) BOINT BOINT BOINT BOINT BOIND BOIND \$100 \$100 \$100 \$100 \$100		
869 SE 47TH ST 869 SE 47TH ST									
CAPE CORAL FL 33904 CAPE CORAL FL 33804								DO NOT WRITE IN THIS SPACE	
ยง			US					3. Date Incorporated or Qualified	7
								01/01/1996	
2. Principal Place of Business			2a, Mailing Address					4. FEI Number Applied For	┨
21			26					65-0646590 Not Applicable	<b>,</b>
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional	7
22			27					Fee Required	
City & State			City & State					6. Election Campaign Financing \$5.00 May Be	٦
23			28					Trust Fund Contribution	_
Zip	·		— i	<u> </u>		Country		8. This corporation owes or has paid the current year Intangible	1
24	25 25 Name and Address of Curren			29 30		·0]		Personal Property Tax due June 30. Yes No	↲
TU	<del></del>	F LAWRENCE J S	<del></del>			81	Name		$\dashv$
	3 ALMERIA AVE		PRIEGEL U	חאוט	ļ	_			╛
	ORAL GABLES F					82	Street A	Address (P.O. Box Number is Not Acceptable)	
	NINE GUDEEO I	L 00104			ŀ	<b>B3</b>	-		┪
					Ĺ	_		-	
						84	City	FI 85 Zip Code	
11. Pursuant	to the provisions	of Sections 607.0502	2 and 607.1	508, Florida Statut	es, the ab	ove	e-named c	of corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	┥
office or i	registered agent, : am familiar with, ai	or both, in the State nd accept the obliga	of Florida. Sations of, Se	Such change was a ection 607.0505. Flo	authorized orida Statu	l by .tes	the corpo	poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE		3	, .	, , , ,					
OIGH CTOTIL	Signature, typed or prin	ifed name of registered ager			E: Registered	Ager	nt signature re	e required when reinstating) DATE	_ {
12.	T ==	OFFICERS AND	DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	] {
TITLE	P DELETE			1.1 TITLE		Change Addition	1		
NAME	WEST, RICH				1.2 NAI				3
STREET ADDRESS	4925 NASSA CAPE CORA						ADDRESS		ļį
CITY-ST-ZIP TITLE	VP COM	L TL		DELETE	1.4 CfT 2.1 TfT		I - ZIP	Change Addition	<u>ا</u> رُ
NAME	WEST, KARE	:N 4		beerig	2.2 NAF		İ	Change Addition	
STREET ADDRESS	492 NASSAL						ADDRESS		
CITY-ST-ZIP	CAPE CORA				2. 4 CIT				
TITLE	<u> </u>	<del>-</del>		DELETE	3.1 T(T)	_		Change Addition	1
NAME					3.2 NAM	ΜE	- 1		
STREET ADDRESS							ADDRESS		
CITY-SI-ZIP					3.4. CIT	Y-\$1	T-ZIP		
TITLE				DELETE	4.1 TITE	E		Change Addition	٦
NAME					4. 2 NA	ME			
STREET ADDRESS					4.3 STR	EET A	address		
CFTY-ST-ZIP					4.4 CITY	Y-ST	-ZiP		
TITLE				☐ DELETÉ	5.1 TITL	E_		☐ Change ☐ Addition	1
NAME					5.2 NAN	Æ			
STREET ADDRESS					5.3 STR	EET A	ADDRESS		İ
CITY-ST-ZIP	<u>.</u>				5.4 CITY		- ZIP		1
TITLE				☐ DELETE	6.1 TITL			Change Addition	
NAME					6.2 NAN				
STREET ADDRESS					6.3 STR	EET A	ADDAESS		
CITY-ST-ZIP					6.4 CITY	/-ST	-ZIP		

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with an address.