

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

*19-1*

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

97 JUL 25 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P95000096772 (5)**  
 1. Corporation Name  
**DARKNESS TO LIGHT INC.**

Principal Place of Business <b>831 ELDORADO AVENUE CLEARWATER FL 34630</b>	Mailing Address <b>831 ELDORADO AVENUE CLEARWATER FL 34630</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>931 Eldorado Ave</i>		2a. Mailing Address <i>931 Eldorado Ave</i>	
21. <b>FLORIDA</b>	26. <i>FLORIDA</i>	27. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
22. Suite, Apt. #, etc.	22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. <i>Clearwater, Florida</i>	28. <i>Clearwater, Florida</i>	29. <i>34630</i>	30. <i>USA</i>
24. <i>34630</i>	25. <i>USA</i>	29. <i>34630</i>	30. <i>USA</i>

3. Date Incorporated or Qualified <b>12/22/1995</b>	3a. Date of Last Report <b>07/16/1996</b>
4. FEI Number <b>65-0629995</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**CLARK, AL  
12600 S. BELCHER RD.  
SUITE 104-E  
LARGO FL 34643**

**10. Name and Address of New Registered Agent**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HOLZER, LAURENCE I</b>	
STREET ADDRESS	<b>931 ELDORADO AVENUE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34630</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**300002253703--6**  
**-07/31/97--01047--007**  
**\*\*\*\*165.00 \*\*\*\*165.00**

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.

CR2E034 (4/97)

*(Signature)*

7 10 97 812-446-821


To: The Division of Corporations -

I mailed you my filing fee of \$165.00 on April 20th.

It was check # 561 written off of Barnett Bank Account 1263786560. I am now enclosing another check in that same amount, per the advice of customer service at (904) 488-9000.

\* If my first check should arrive, please note my account to return it to the address you have on file.

Thank you for your prompt consideration.

Sincerely,  


(813) 446-5076