

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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000008230 (0)

1. Corporation Name
DAYLIGHTING CONCEPTS, INC.

Principal Place of Business
3925 INVESTMENT LANE
SUITE #28
RIVIERA BEACH FL 33404

Mailing Address
3925 INVESTMENT LANE
SUITE #28
RIVIERA BEACH FL 33404-1744



3. Date Incorporated or Qualified 01/26/1996 3a. Date of Last Report

2. Principal Place of Business 21 3570 CONSUMER STREET 2a. Mailing Address 26 Suite, Apt. #, etc. \$3 27 Suite, Apt. #, etc. SAME 28 City & State WEST PALM BEACH, FLORIDA 29 City & State 30 Zip 33404 31 Country PALM BEACH 32 Country

4. FEI Number 650637085 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

9. Name and Address of Current Registered Agent

POGGENDORF, DONALD
3925 INVESTMENT LANE
SUITE #28
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name POGGENDORF DONALD
82 Street Address (P.O. Box Number is Not Acceptable) 3570 CONSUMER STREET
83 SUITE #3
84 City WEST PALM BEACH FL 85 Zip Code 33404

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POGGENDORF, DONALD	1.2 NAME	
STREET ADDRESS	3920 WILSHIRE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL 33403	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROM, ISAAC	2.2 NAME	
STREET ADDRESS	2225J SPRING HARBOR DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Don Poggendorf DON POGGENDORF 2/11/97 1-561-840-0095

CR2E034 (9/96)