**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE Katherino Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000034528

1. Corporation Name

, NORTHE	rn lights enterprises,	INC.								
Principal Place	of Business	Mailing A	ddress			_   '"				
	AL BOULEVARD		MERCIAL BOULEV	ARD						
NAPLES FL 34104 NAPLES FL 34104						1	DO NOT W	RITE IN THIS	SPACE	
						3. Date in	corporated or Qualife	ed		
						04/19	/1 <b>9</b> 96			
2. Principal P	ace of Business	2a. Mailin	g Address			4. FEI Nui			} <b>-</b>	pplied For
21		26				65-06	<u>57670                                   </u>			ot Applicable
Suite, Apt.	#, etc.		Apt. #, etc.			5Certifca	te of Status Desired			Additional equired
22		27	Diete				C			
City & State	<del>0</del>		& State			1	Campaign Financin and Contribution	<sup>19</sup> □		May Be to Fees
Zip	Country	Zip		Countr	у		poration owes the c	ument year in		
24	25	29	ſ	30	-		l Property Tax.		Yes	□No
	9. Name and Address of Current					10. Name	and Address of Nev	w Registered	Agent	
	D. DENHA A 504	- · <del>- ·</del>		8	Name	WCH LEU	ChARLE	S		
	D, DENNIS S ESO	204		8	2 Street	Address (P.O. Box	Number is Not Acce	mulable)		
	i tamiami trail north, suite : Les fl 34103	301			37	O COMMO	ecrac B	100		
NAP	(E2 LT 24102			8	3					
		•		8	4 City A	1.4.01.4.7		<b>E</b> 1	85 Zip	Code 1104
44 5	to the provisions of Sections 607.0502	2 and 607 160	R Florida Statute	s: the sho	ye-named	corporation submit	this statement for the	he purposa of	changing it	registered
i ii. Pursuant	to the provisions of Security our voca	of Florida Suc	h change was at	thorized b	v the corp	gration's board of d	irectors. I hereby acc	cept the appo	intmer t as r	egistered
office or r	edizated afteur of nour in the State of	or riorada. Suc	III CHAINGE HOS OF		,					
	to the provisions of Sections 607.0502 egistered agent, or both, in the State of maintain with, and accept the obligation of the collection of the collect	ions of Section	on 607,0505, Flor	kia Statute	18. Dans	٤.		4/21	189	
office or r agent. I a SIGNATURE	Vegetes K Keepler	CHARCE	SBBUC	49 664	POS	required when reinstating)		DATE	77	
		and the displicat	S & & UCI NOTE: S	49 664	POS	required when reinstating)	NS/CHANGES TO C	DATE	NO DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered open.  OFFICERS AND	and the displicat	S & & y CA	i ogistered Ag	ent signeture i	required when reinstating)		DATE	77	
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SIGNATURE 12. TILE	Signature, typed or printed native of registered period P  BUCKLEY, CHARLES  370 COMMERCIAL BOULEVARD	t and the d applicable DIRECTORS	S & & UCI NOTE: S	Fegstered Ag 13. 1.1 TITLE 12 NAME 1.3 STRE	ent signeture i	required when reinstating)		DATE	NO DIRECT	ORS IN 12
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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 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, with all other like empowered.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90070 010 \*\*\*150.00