


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

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Apr 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000011885 (5)**

1. Corporation Name  
**FUTURA LIGHTING INC.**



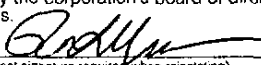
Principal Place of Business <del>275 NW FONTAINEBLEAU BLVD. #130 MIAMI FL 33172</del>	Mailing Address <del>275 NW FONTAINEBLEAU BLVD. #130 MIAMI FL 33172</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5601 POWERLINE RD.</b> Suite, Apt. #, etc. 22 <b>SUITE 306</b> City & State 23 <b>FT. LAUD, FL</b> Zip 24 <b>33309</b>		2a. Mailing Address 26 <b>5601 POWERLINE RD.</b> Suite, Apt. #, etc. 27 <b>SUITE 306</b> City & State 28 <b>FT LAUD, FL</b> Zip 29 <b>33309</b>		3. Date Incorporated or Qualified <b>02/03/1997</b>	
25 <b>USA</b>		30 <b>USA</b>		4. FEI Number <b>65-0751198</b> Applied For Not Applicable	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
2. Principal Place of Business		2a. Mailing Address		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
2. Principal Place of Business		2a. Mailing Address		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent <b>ROMEN ANTONIO</b> <b>275 NW FONTAINEBLEAU BLVD.</b> <b>#130</b> <b>MIAMI FL 33172</b>		10. Name and Address of New Registered Agent 81 Name <b>RON KRAUSE</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5601 POWERLINE RD.</b> 83 <b>SUITE 306</b> 84 City <b>FT LAUDERDALE</b> FL 85 Zip Code <b>33309</b>	
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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 **RON KRAUSE**  **3-30-98**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DE SETIEN, CARLO F AVENIDA DE MEXICO NO. 79 EL VERGEL-REP DOMINICANA</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PRESIDENT RON KRAUSE 5601 POWERLINE RD SUITE 306 FT LAUD, FL 33309</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROMEU, ANTONIO A 275 NW FONTAINEBLEAU BLVD. #130 MIAMI FL 33172</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  **RON L KRAUSE** **3-30-98** **954-772-7345**

CR2E034 (10/97)