

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

FILED  
Feb 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000066351 (2)

1. Corporation Name

LIGHT'S RIGHT OUTDOORS, INC.



Principal Place of Business

1111 LINCOLN RD., STE. 500  
MIAMI BEACH FL 33139

Mailing Address

1111 LINCOLN RD., STE. 500  
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1997

4. FEI Number

65-0783010

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 P.O. Box 21588

Suite, Apt. #, etc.

22

City & State

23 Ft. Lauderdale, FL

Zip

24 33335-1588

Country

25 USA

2a. Mailing Address

26 P.O. Box 21588

Suite, Apt. #, etc.

27

City & State

28 Ft. Lauderdale, FL

Zip

29 33335-1588

Country

30 USA

9. Name and Address of Current Registered Agent

ELLIS, SETH E  
1111 LINCOLN RD., STE. 500  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

ELLIS, SETH E.

82 Street Address (P.O. Box Number is Not Acceptable)

SUNTRUST INTERNATIONAL CENTER

83

ONE S.E. 3RD AVE., SUITE 2400

84 City

MIAMI

FL

85 Zip Code

33131

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]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/15/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME COLLETTE, KENNETH  
STREET ADDRESS 1111 LINCOLN RD., STE. 500  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ DELETE

NAME COLLETTE, KARLA  
STREET ADDRESS 1111 LINCOLN RD., STE. 500  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P/D COLLETTE, Kenneth  
1.3 STREET ADDRESS ONE S.E. 3rd Ave., Suite 2400  
1.4 CITY-ST-ZIP Miami, FL 33131

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME T/S/D COLLETTE, Karla  
2.3 STREET ADDRESS ONE S.E. 3rd Ave., Suite 2400  
2.4 CITY-ST-ZIP Miami FL 33131

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

Kenneth E. Collette

2/12/98

054-522-9812

CR2E034 (10/97)