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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1, Corporation Name

P97000088449 (8)

L & O LIGHTING, INC.

Principal Place of Business

Mailing Address

FILED Apr 24 1998 8:00am Secretary of State



3426 NORTH WEST 27TH AVENUE 3426 NORTH WEST 27TH AVENUE POMPANO BEACH FL 33069 POMPANO BEACH FL 33069							
, , , , , , , , , , , , , , , , , , , ,					DO NOT WRITE IN THIS:	SPACE	<del></del> -
				3	3. Date Incorporated or Qualified		
					10/13/1997	<del></del>	
2. Principal Pl	ace of Business	2a. Mailing Address	. 20 1.		1. FEI Number 65-07P 2333	<u> </u>	plied For
21 Z 3 3 S	9 S. Killian Or. 2	86 373 0 10 L Suite, Apt. #, etc.	1. 1 /-10		60-014 1000		t Applicable
22		27	- <del></del>	5	5. Certificate of Status Desired	\$8.75 A Fee Re	quired
City & State		City & State  18 / Can Sand  Zip  29 33069	Beach 1-	-/. 6	Election Campaign Financing     Trust Fund Contribution	<b>\$5.00</b> Added t	
Zip 3 2 4/	Country	Zip	Country	6	8. This corporation owes or has paid the cur		
24 30 L		19 33069	30 2310 ml	100	Personal Property Tax due June 30.  Name and Address of New Registered		₹ No
g, Name and Address of Correct Registered Agent							
PALMEH, LINUA     \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
3426 NORTH WEST 27TH AVENUE POMPANO BEACH FL 33069  82 Street Address (P					(P.O. Box Number is Not Acceptable)	٠	
			84 City	Δ	pano Deach FL	85 Zip (	Code
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							
1 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 tale it applicable (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND DI		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	IS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	0		Change	Addition
NAME	PALMER, LINDA		1.2 NAME	pala	mer, Linda Ave.  O N. W. 27 Ave.  - pan O Beach, 1=1. 33  mer, Kenneth Ave.  O N. W. 27 Ave.		
STREET ADDRESS	3426 NORTH WEST 27TH AVEN	NUE	1.3 STREET ADORESS	343	0 N. W. T. 1 31	RL9	
CITY-ST-ZIP	POMPANO BEACH FL 33069		1.4 City - St - ZiP	pon	- pan & Beach, 1-1. 33		
TITLE	D	DELETE	2.1 TITLE		4. 4	Change	Addition
NAME	HICKS, ODALYS		2 2 NAME	Pals	mer Renner Ave.		
STREET ADDRESS	3426 NORTH WEST 27TH AVE	NUE	2.3 STREET ADDRESS	343	D N D 31	3069	
CITY-ST-ZIP	POMPANO BEACH FL 33069		2. 4 CITY-ST-ZIP	Po-	pano Beach, 1=1. 3		
TITLE		∐ DELETE	3.1 TITLE			L Change	Addition
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CITY-ST-ZIP		T prices	3 4. CITY - ST - ZIP	ļ.——			4.4400
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NAME			4 2 NAME				
STREET ADDRESS			4 3 STREET ADDRESS	ŀ			
CITY-ST-ZIP		Detete	4 4 CITY-ST-ZIP			Change	Addition
TITLE		☐ DELETE	5.1 TITLE	İ		Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP	<del> </del>		Change	Addition
TITLE	:	☐ VELETE	6.1 TITLE	]		T DUNGHÜR	- Vagition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS	1			
CITY-ST-ZIP	and the state information and the state of	un filme done not evalify fo	6.4 CITY - ST - ZIP	1	tion 119 07/3Vi) Florida Statutes 1 further or	ortify that the	information

4. I nereby certify that the information supplied with this tiling 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.

11-lax or4.917-833