**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000109208 1. Corporation Name

ELITE COASTAL LIGHTING, INC.

								<u> </u>	46161 (811 1861
Principal Place of Business Mailing Address							,		
11350 METRO PKWY #113 11350 METRO PKWY #113						}			
FORT MYERS F US	EL 33912	FORT MYE US	FORT MYERS FL 33912 US			DO NOT W	DO NOT WRITE IN THIS SPACE		
						<ol> <li>Date Incorporated or Qualifing 12/31/1997</li> </ol>	ed		
2. Principal Place of Business 2a. Mailing Address			g Address			4. FEI Number		Ap	plied For
3		26	26			65-0803337		No	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			E Continue of Status Desired	. 🗆	\$8.75 A	Additional
27						5. Certifcate of Status Desired	<u></u>	Fee Re	quired
City & State City & State			State			6. Election Campaign Financir	ng 🗆	\$5.00	May Be
:3		28				Trust Fund Contribution		Added t	o Fees
Zip Country		Žip	Zip Country			8. This corporation owes the current year Intangible			
4	25 29		30		Personal Property Tax. Yes X No				
	9. Name and Address of Cui	rrent Registered A	Agent			10. Name and Address of Ne	v Registered	Agent	
TOD	n nuit (			81	Name				
TODD, PHILL			82	Street Ac	idress (P.O. Box Number is Not Acce	ptable)			
11350 METRO PKWY #118 FORT MYERS FL 33912					<u> </u>	<u> </u>			
FUR	1 M1EH3 FL 33912			83	1				
				84	City			85 Zip (	Code
	-			1	1		FL	<b>.</b>     .	
office or r	to the provisions of Sections 607. egistered agent, or both, in the St m familiar with, and accept the ob	rate of Florida. Suci	h change was aut	horized by	the corpora	orporation submits this statement for ation's board of directors. I hereby ac	he purpose of cept the appoi	changing its ntment as re	registered gistered
SIGNATURE									[
	Signature, typed or printed name of registered		···		nt signature req	uired when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AN	ID DIRECTO	IPS IN 12
12.		AND DIRECTORS	S DELETE	13.	<del></del>	ADDITIONS/CHANGES TO	JEFICERS AIN	☐ Change	Addition
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NAME				2.2 NAME			•		
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NAME				3.2 NAME	ſ				}
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NAME				4. 2 NAME					j
STREET ADDRESS					ET ADDRESS				
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CITY-ST-ZIP	<u> </u>		DELETE	6.1 TITLE	J1-41F			☐ Change	Addition
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NAME									
STREET ADDRESS				0.3 STREE	TADDRESS				

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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 society 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 attackment with an address; with all other like empowered.

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90035 046 \*\*\*150.00