

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90054 037 ***150.00

DOCUMENT # P98000047853

1. Corporation Name
EZ-LITE INC.

Principal Place of Business
301 ARTHUR ST.
DE LEON SPRINGS FL 32130

Mailing Address
P.O. BOX 430
DE LEON SPRINGS FL 32130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/28/1998	
21 Suite, Apt. #, etc.		2b. Suite, Apt. #, etc.		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

DEWET, HENDRIK C
120 D E. VILLA CAPRI CIRCLE
DELAND FL 32724

10. Name and Address of New Registered Agent
81 Name KELLY DEEN
82 Street Address (P.O. Box Number is Not Acceptable)
301 ARTHUR ST.
83
84 City DELEON SPRINGS FL 85 Zip Code 32130

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

Kelly Deen
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

4/26/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	SECRETARY/REG. AGENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	KELLY DEEN
STREET ADDRESS		1.3 STREET ADDRESS	301 ARTHUR ST.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	DELEON SPRINGS, FL 32130
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	GENERAL MANAGER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SISCO DEEN
STREET ADDRESS		2.3 STREET ADDRESS	301 ARTHUR ST.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DELEON SPRINGS, FL 32130
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	FINANCIAL MANAGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	HENDRIK DEWET
STREET ADDRESS		3.3 STREET ADDRESS	120 D E. VILLA CAPRI CIRCLE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DELAND, FL 32724
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Kelly Deen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

(941) 965-3679

CR2E034 (1/98)