PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State ISION OF CORPORATIONS

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

04-28-1999 90054 037 ***150.00

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EZ-LITE INC.				
			A CENTRAL PROCESSION DE LA COMPANION DE LA COMP	11011 (0381) (0481 1)(10 1171 (1984
Principal P ace of Business	Mailing Address		[
301 ARTHUR ST.	P.O. BOX 430			
DE LEON SPRINGS FL 32130	DE LEON SPRINGS FL 321	30	DO NOT WRITE IN THIS	SDACE
				3FAGE
			3. Date incorporated or Qualifed	
			05/28/1998 4. FEI Number	Apt lied For
2. Principal Place of Business	2a. Mailing Address		4. FEI WINDEI	Not Applicable
21	26			\$8.75 A Iditional
Suite, Act. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
22	City & State		a Floring Compaign Financing	\$5.00 (Aay Be
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	- Added to Fees
Zip Cour try	Zip	Country	This corporation owes the current year in	
l=n		_ ·	Persor al Property Tax.	Yes Mo
24 25 25 9. Name and Address of Curren	29 Pagistered Agent	30	10. Name and Address of New Registers d	
y. Name and Address of Curren	Vehiotolan Wholit	81 Name L	CON NO	
DEWET, HENDRIK C		r	VILLY VEEN	
120 D E. VILLA CAPRI CIRCLE		82 Street Acd	ress (P.O. Box Number is Not Acceptable)	İ
DELAND FL 32724		63	ARIPUR SI.	
DELAND 11. 32/24		63		
		84 City	1 Cal Spairs El	85 Zip Cxde
		<u> </u>	LEUN OPEINGS FL	changing its societared
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statut of Florida, Such channe was a	es, the above-named CCT othorized by the corporati	coration submits this statement for the purpose of ion's board of cirectors. I hereby accept the appoint	intment as reg stered
agent, am familiar with, and accept the obligat	ions of, Section 607.0505, Fk	rida Statutes.	on's board of cirectors. I hereby accept the appoint	
SIGNATURE KELLY DU			47001	72/
Signature, typed or printed plane of registered agen		Registered Agent signature require		O DIDECTOE DI 12
12. OFFICERS AN		13	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR 5 IN 12 1
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14. 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 cirtify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made unlier oath; that I am an officer or director of the corporation or the receivar 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 attachagent with an address, with all other like empowered.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR