

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

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PROFIT CORPORATION ANNUAL REPORT 1999

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



FILED

99 OCT 28 PM 3:45

*[Handwritten Signature]*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05/07/99 90006 011 \$150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000051743  
1. Corporation Name  
INTERNATIONAL DIRECT LIGHTING MANUFACTURING, INC

Principal Place of Business Mailing Address  
1905 NORTH ATLANTIC BOULEVARD SUITE 3C  
FT LAUDERDALE FL 33305

2. Principal Place of Business 2a. Mailing Address  
21 6230 NE 21ST ROAD 26 6230 NE 21ST ROAD  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 FT-LAUDERDALE FL 28 FT-LAUDERDALE FL  
Zip Country Zip Country  
24 33308 USA 29 33308 30 USA

3. Date Incorporated or Qualified  
06/10/1998  
4. FEI Number  
65-0841551 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  
7. This corporation owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City 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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signatures, typed or printed name of registered agent and site if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PSTD	<input type="checkbox"/>
NAME	BOITEAU, MICHEL	<input type="checkbox"/>
STREET ADDRESS	1905 NORTH ATLANTIC BOULEVARD NW	<input type="checkbox"/>
CITY-ST-ZIP	FT LAUDERDALE FL 33305	<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Michael Boiteau	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS	6230 NE 21 ROAD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
2.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
3.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
4.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
5.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
6.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* 4/30/99 954-958-9246  
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



CR2E034 (11/98)

**INTERNATIONAL DIRECT LIGHTING MANUFACTURING inc.**

6230 N.E. 21st ROAD, Ft. Lauderdale, Florida 33308  
TEL : 954-958-9246 & FAX : 954-958-9245  
E-MAIL : IDLMinc@aol.com

October 25, 1999

RE: Application for Reinstatement  
DOCUMENT #: P98000051743

To Whom It May Concern:

Enclosed please find a copy of the Profit Corporation Annual Report filed in April of this year. We never received the correspondence mailed to us in May to fix the error in the address correction. We have attached copies of the check to show proof of payment and the correct paper work completed as originally requested.

If we can help in any way, do not hesitate to contact us.

Sincerely,

  
Michael Boiteau  
President

**EXCLUSIVE AGENT FOR GENLYTE**