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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000059406**1. Corporation Name

RICH LIGHTING & MAINTENANCE SUPPLY, INC.

									EBILD DALL INDI	
Principal Place of Business Mailing Address										
			3681 WEST BOULEVARD E-206 COCONUT CREEK FL 33073				DO NOT WRITE IN THIS SPACE			
							3. Date incorporated or Qualifed 07/06/1998			
2. Principal F	Place of Business	2a, M	2a. Mailing Address				4. FEI Number	T A	oplied For	
21			26				1 65-0848220	N ₁	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.75	Additional	
22			27				5. Certifcate of Status Desired	Fee R	equired	
City & State			City & State				6. Election Campaign Financing	\$5.00	May Be	
23			28				Trust Fund Contribution Added to Fees			
Zip	Country	Zi	íp	Co	intry		8. This corporation owes the current year Intang	jible		
4	25	29		30			Personal Property Tax.	Yes	ZYNo	
	9. Name and Address of Current		ed Agent				10. Name and Address of New Registered Ag	ent		
KAN	ie, richard d				81	Name				
3681 WEST HILLSBORO BLVD. E-206					82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
COC	CONUT CREEK FL 33073				83				[
					84	City		85 Zip	Code	
)	1	oration submits this statement for the purpose of characteristics.		_]	
agent. I a	im familiar with, and accept the obligation	ons of, Se	ection 607.0505, Flor	iua sia	utes.	-	on's board of directors. I hereby accept the appointment of the directors on the appointment of the appointm			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS					Agen	t signature require	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12	
TITLE	D OT THE EAST OF THE		☐ DELETE	13.	TLE			Change	☐ Addition	
NAME	KANE, RICHARD D			1.2 N					}	
STREET ADDRESS	3681 WEST HILLSBORO BLVD.	E-206				ADDRESS				
	COCONUT CREEK FL 33073	- 200			TY-ST		· · · · · · · · · · · · · · · · · · ·		ļ	
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NAME						ADDRESS)	
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CITY-ST-ZIP			☐ OELETE	3.1 T		1-214] Change	☐ Addition	
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NAME						ADORESS			ļ	
STREET ADDRESS						Ì				
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NAME				- 1		ADDRESS				
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CITY-ST-ZIP TITLE			☐ DELETE	4.4 C	TY-ST	· UP] Change	Addition	
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NAME				•		ADDRESS				
STREET ADDRESS					TY-ST	-				
CITY-ST-ZIP TITLE			☐ DELETE	6,1 T				Change	Addition	
NAME				6.2 N		[-			
				V.Z.						

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 erranged, or or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREFT ADDRESS

(561)866-4598

FILED

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90202 036 ***150.00