

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Sep 23, 1999 8:00 am**  
**Secretary of State**

09-23-1999 90008 049 \*\*\*150.00

0010448

DOCUMENT # **P98000066010** ✓  
1. Corporation Name  
**OUTDOOR LIGHTING PERSPECTIVES, INC.**



Principal Place of Business  
**222 W COMSTOCK AVE. SUITE 210  
WINTER PARK FL 32789**

Mailing Address  
**222 W COMSTOCK AVE. SUITE 210  
WINTER PARK FL 32789**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/28/1998</b>	
4. FEI Number <b>59-3538569</b> <i>CEO TAX ID</i>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

**HAIRE, PAUL  
222 W COMSTOCK AVE, SUITE 210  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAIRE, PAUL</b>	1.2 NAME	<b>MELANIE HAIRE</b>
STREET ADDRESS	<b>222 W COMSTOCK AVE, SUITE 210</b>	1.3 STREET ADDRESS	<b>222 W. COMSTOCK AVE SUITE</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	1.4 CITY-ST-ZIP	<b>WINTER PARK, FLA. 32789</b>
TITLE	<b>President</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Melanie Haire</b>	2.2 NAME	
STREET ADDRESS	<b>222 W. Comstock Ave Suite 210</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Winter Park, FL 32789</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *[Signature]*

CR2E034 (5/99)

TO Whom IT MAY CONCERN,

619305-90008-49  
P98000066010

IT CAME TO MY ATTENTION THAT A 2ND NOTICE ON THE 1999 PROFIT REPORT FOR OUTDOOR LIGHTING PERSPECTIVES ARRIVED AT MY OFFICE RECENTLY. I DID NOT THINK MUCH OF IT BECAUSE I HAD FILED THE REPORT IN MAY WITH 150<sup>00</sup> CHECK. I CALLED TALLAHASSEE AND THEY VERIFIED THAT THEY HAD NOT RECEIVED THE REPORT. THE YOUNG LADY THAT I TALKED TO INSTRUCTED ME TO WRITE A LETTER AND RESUBMIT THE 150<sup>00</sup> WHICH IS ENCLOSED. THE LETTER WAS TO CONTAIN VERIFICATION THAT I HAD PREVIOUSLY FILED THIS REPORT.

THANK YOU FOR YOUR ATTENTION  
IN THIS MATTER,

Paul L. Haines

SEPT 14, 1999