

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 # P98000070680

1. Corporation Name

I.D. LITE PRODUCTS GROUP, INC.

Principal Place of Business

3921 SW 47TH AVE  
FORT LAUDERDALE FL 33314

Mailing Address

3921 SW 47TH AVE  
FORT LAUDERDALE FL 33314

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90043 002 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1998

4. FEI Number

FIN 650856784

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

STANKEE, GLEN A  
200 E BROWARD BLVD  
SUITE 1500  
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name DE FORE, ERNEST C.  
82 Street Address (P.O. Box Number is Not Acceptable)  
3921 SW 47TH AVE, 1002  
83  
84 City FORT LAUDERDALE FL 85 Zip Code 33314

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME HOFFMAN, PETER  
STREET ADDRESS 4645A SOUTHERN BLVD.  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE D ☐ DELETE  
NAME JONES, JOHN  
STREET ADDRESS 3921 SW 47TH AVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33314

TITLE D ☐ DELETE  
NAME LEMERISE, GARY A.  
STREET ADDRESS P.O. BOX 50568  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33074

TITLE D ☐ DELETE  
NAME DE FORE, ERNEST C  
STREET ADDRESS 3921 SW 47TH AVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33314

TITLE D ☐ DELETE  
NAME GOULD, JUDSON A  
STREET ADDRESS 2725 UNICORN LANE NW  
CITY-ST-ZIP WASHINGTON DC 20015

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME DE FORE, ERNEST C.  
4.3 STREET ADDRESS 3921 SW 47TH AVE, 1002  
4.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33314

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNEST C. DE FORE 3-18-99

Date

Daytime Phone #

CR2E034 (11/98)