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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POSOCOOT7117

Principal Place of Business	Mailing Address	
8251 SW 27TH ST	18251 SW 27TH ST	
IIRAMAR FL 33029	MIRAMAR FL 33029	

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90142 050 ***150.00

1. Corporation										
LEAD LI	GHT TECHNOLOGY, INC.									
Principal Plac	e of Business	Ma	ailing Address							
18251 SW 27TH ST 18251 SW 27TH ST										
MIRAMAR FL 33029 MIRAMAR FL 33029						DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed			
							09/04/1998			ĺ
2. Principal P	Place of Business	2a.	Mailing Address				4. FEL Number		TA	plied For
21		26					65-086/73	9	No	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\mathcal{A}	\$8.75	,
22		27					J. Certificate of Charles Desired		Fee Re	equired
City & Stat	te		City & State				6. Election Campaign Financing			May Be
23		28					Trust Fund Contribution .			to Fees
Žip	Country		Žip	Cour	าเญ		8. This corporation owes the curre	-	ngible □ Yes	₩No .
24	9. Name and Address of Curr	29	torad Agent	30			Personal Property Tax. 10. Name and Address of New Ro			A .
	3. Haine and Address of Curt	tent negra	tataa rigant		81	Name	To. Helio dila Madioso di Mosi M	3.5.4.6	.80	
	CHIN-HUI			į				1-1		
	51 SW 27TH ST				82	Street Addre	ess (P.O. Box Number is Not Acceptate	ole)		
MIRA	AMAR FL 33029			ţ	83					
					84	O:h-			les Zin	Code
				1	P4	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 60	07.1508, Florida Statut	es, the ab	ove-r	named corpo	oration submits this statement for the parties board of directors. I hereby accept	ourpose of c	hanging its	registered
office of t	registered agent, or bottl, in the Sta am familiar with, and accept the obli	te or Floriu	a. Such change was a	umonzea	DA III	e corporation	n's position directors, i hereby accept	trie appoin	unent as re	gistered
agent. i a	iiii taitiiiiai wiiii, aliid accept iite obii	igations of,	Section 607.0505, Fig.	rida Statu	tes.					
	,			rida Statu				·		
SIGNATURE	Signature, typed or printed name of registered a	agent and title if	f applicable (NOTE	: Registered		ignature required		DATE	DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered a	agent and title if	f applicable (NOTE	: Registered	Agent s		when reinstating) ADDITIONS/CHANGES TO OFF			ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS	agent and title if	f applicable (NOTE	: Registered	Agent s				D DIRECTO	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS of DIU, CHIN-HUI	agent and title if	f applicable (NOTE	Registered 13. 1.1 TIT	Agent si	ignature required				
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS of NIU, CHIN-HUI 18251 SW 27TH ST	agent and title if	f applicable (NOTE	:: Registered : 13. 1.1 TIT 1.2 NAI 1.3 STI	Agent si LE ME	ignature required				
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS of DIU, CHIN-HUI	agent and title if	f applicable (NOTE	:: Registered : 13. 1.1 TIT 1.2 NAI 1.3 STI	Agent si LE ME REET AL Y-ST-Z	ignature required				
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature. Typed or printed name of registered a OFFICERS. D NIU, CHIN-HUI 18251 SW 27TH ST MIRAMAR FL 33029	agent and title if	f applicable (NOTE CTORS DELETE	Registered 13. 1.1 TIT 1.2 NAI 1.3 STI 1.4 CIT	Agent si LE ME REET AL Y-ST-Z	ignature required			Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature. Typed or printed name of registered a OFFICERS. D NIU, CHIN-HUI 18251 SW 27TH ST MIRAMAR FL 33029 D	agent and title if	f applicable (NOTE CTORS DELETE	13. 1.1 TIT 1.2 NAI 1.3 STI 1.4 CIT 2.1 TIT 2.2 NAI	Agent si LE ME REET AL Y-ST-Z LE	ignature required			Change	☐ Addition
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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 lichanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR