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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000079637

1. Corporation Name

LITEGLOW INDUSTRIES OF CALIFORNIA, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90260 036 ***150.00



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Principal Place	of Rusiness	Mailing Address			-\	i adell edina somo ommo s	
				u			
2301 NORTHWEST 33RD COURT #104 2301 NORTHWEST 33RD CO POMPANO BEACH FL 33069 POMPANO BEACH FL 33069				*			
					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed		
					09/15/1998		
2. Principal Pla	ace of Business	2a. Mailing Addres	ss		4. FEI Number		lied For
21		26			65-0866461		Applicable
Suite, Apt. #	t, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22			27 Cit. 8 Cit.				
City & State		— ·	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23	Country	28 7in	Cour				7 F885
Zip	Country	Zip	r	iuy	This corporation owes the current ye Personal Property Tax.		□No
24	25 g. Name and Address of Curre	nt Registered Agent	30		10. Name and Address of New Regist		
	g. Name and Address of Curre	in Registered Agent		81 Name O			
CORF	PORATION SERVICE COMPAN'	1		31	PENCER KRUMHOL	<u>.</u>	
1201 HAYS STREET				82 Street Addre	ess (P.O. Box Number is Not Acceptable)	•	
TALLAHASSEE FL 32301-2525			<u> </u>	83		# 1-1	,
17 th the country of				23	01 NW 33rd CT.	# 107	
	٠.			84 City 0	DA IN BOACH	E1 85 Zip C	2049
	- the provision of Sections 607.05	02 and 607 1609 Florida	Statutes the ah	ove-named come	pration submits this statement for the purpo	se of changing its i	registered
office or re	egistered agent, or both, in the State	of Florida, Such change	a was authorized	by the corporatio	n's board of directors. I hereby accept the	appointment as reg	istered
agent. I an	n familiar 1971, and accept the oblig	ations of Section 607.05	505, Florida Statu	tes.			
SIGNATURE X	Stylethure, typed or printed name of registered ag	ant and little to an line bla	/NOTE: Peoistered	Agent signature required	when reinstating)	TE	<u> </u>
12	- //	ND DIRECTORS	13.	-gont argulater requires	ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	DDC	☐ DEL		E		☐ Change	Addition
NAME	SPENCER KRUM	HOLZ	1.2 NA	ME			
STREET ADORESS	2301 NW 33 rd C						
CITY-ST-ZIP		T # 104	1.3 STF	REET ADORESS			}
	DOMPARA BEACH	T # 104		REET ADORESS		•	
TITLE , !	POMPANO BEACH	FL 33069	1.4 CIT	Y+ST-ZIP		. 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 if changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

Daytime Phone #