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 # DOCOCOLOGEOA

i. Corporation	AY LIGHTING CENTER, INC						
Principal Place	e of Business	Mailing Address		-		#8111 48 181 81141 181	.
1461A S.E. 17TH ST. FT. LAUDERDALE FL 33316		1461A S.E. 17TH ST. FT. LAUDERDALE FL 33316		DO NOT WRITE IN THIS	S SPACE		
					3. Date Incorporated or Qualifed 12/03/1998		
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 65-088 006/	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	I
City & Stat	e	City & State —				- \$5.00 M Added to	
Zip	Country	Zip 29	Count	rý	This corporation owes the current year In Personal Property Tax.	ntangible	No
24	9. Name and Address of Curren		1901		10. Name and Address of New Registered		
JANSON, ROBERT L 1461A S.E. 17TH ST. FT. LAUDERDALE FL 33316			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
office or r	edistered adent or both in the State :	of Florida, Such change was	utes, the abo	v tne corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the apport	of changing its a	registered
agent. I a SIGNATURE	m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a second or printed name of registered ager	tions of, Section 607.0505, Fi	iorida Statute	es. 	red when reinstating) DATE		
12.		ID DIRECTORS	13.	jont agrictoro roquii	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	D	DELETE 1:				Change	Addition
NAME	JANSON, ROBERT L		1.2 NAMI	E			
STREET ADDRESS			1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33316			-ST-ZIP			
TITLE	D	☐ DELETE 2.				☐ Change	☐ Addition
NAME	JANSON, DEBORAH K		2.2 NAM	E			ł
STREET ADDRESS	1461A S.E. 17TH ST.		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		2.4 CITY	-ST-ZIP			TALES .
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAM	1			
STREET ADDRESS			1	ET ADDRESS			_
CITY-ST-ZIP				-ST-ZIP `		Change	Addition
TITLE		☐ DELETE	4.1 TITLE	i		[_] ontaingo	
NAME			4. 2 NAM				
STREET ADDRESS			1	ET ADORESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITLE			☐ Change	Addition
TITLE			5.1 IIIL				
NAME	1			EET ADDRESS		•	
STREET ADDRESS			5.4 CITY				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			Change	Addition
, <u>L</u>			62 NAM				_

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 one an attachment with ameddress, with all other like empowered.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE: 2

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90137 020 ***150.00