

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S00762 (2)

1. Corporation Name

CUSTOM LIGHTING CONCEPTS, INC.



Principal Place of Business

**3791 N E 11 AVE.
POMPANO BCH FL 33064**

Mailing Address

**3791 N E 11 AVE.
POMPANO BCH FL 33064**

3. Date Incorporated or Qualified
09/12/1990

3a. Date of Last Report
02/02/1995

4. FEI Number
65-0217144

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 **POMPANO BEACH, FL.**

Suite, Apt. #, etc

22 City & State

23 **SAME AS ABOVE**

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 **SAME AS ABOVE**

29 Zip Country

30

9. Name and Address of Current Registered Agent

**SCHNALL, JUDITH A
3791 N E 11 AVE
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

Judith A. Schnall

(If Registered Agent Signature Required, Sign Here)

6/13/96

(Date)

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **SCHNALL, MALCOLM**
STREET ADDRESS **3791 N E 11 AVE**
CITY-ST-ZIP **POMPANO BCH FL**

TITLE **STD** ☐ DELETE
NAME **SCHNALL, JUDITH A.**
STREET ADDRESS **3791 N E 11 AVE**
CITY-ST-ZIP **POMPANO BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PRESIDENT P** ☒ 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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Judith A. Schnall - JUDITH A. SCHNALL

Date:

6/13/96

Daytime Phone #

(954) 783-5292

CR2E034 (12/95)