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 # S07781

1. Corporation Name
ALL STATES LIGHTING, INC.

Principal Place of Business	Mailing Address
3780 SILVER STAR RD ORLANDO FL 32808	3780 SILVER STAR RD ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
10/15/1990

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number **59-3045526**	Applied For / Not Applicable
Suite, Apt..#, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ✗	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing ☐ Trust Fund Contribution	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐Yes ☐No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRIFFIN, TOM 3780 SILVER STAR ROAD ORLANDO FL 32808	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME NARDONE, CLAIRE P		1.2 NAME		
STREET ADDRESS 4625 SLOEWOOD DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP MT. DORA FL		1.4 CITY-ST-ZIP		
TITLE D	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME GRIFFIN, MARY A		2.2 NAME		
STREET ADDRESS 5035 CONTOURA DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL 32810		2.4 CITY-ST-ZIP		
TITLE D	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME LEUTZ, DAVID L		3.2 NAME		
STREET ADDRESS 4625 SLOEWOOD DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP MT. DORA FL		3.4 CITY-ST-ZIP		
TITLE D	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME GRIFFIN, TOMMY L		4.2 NAME		
STREET ADDRESS 5035 CONTOURA DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL 32810		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: _Tommy L Griffin_   1-15-99   407 294-0404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)