

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S20103 (5)
1. Corporation Name
LIGHTING DEPOT, INC.



Principal Place of Business Mailing Address
2050 BEACON MANOR DR 2050 BEACON MANOR DR
FT MYERS FL 33907 FT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0241146	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent QUINTANA, J LUIS, ESQUIRE 338 MINOREA AVE 2100 PONCE DE LEON BLVD, STE 1100 CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name WILLIAM A. MAHER CPA 82 Street Address (P.O. Box Number is Not Acceptable) 2038 HENLEY PLACE 83 84 City FT MYERS FL 85 Zip Code 33901	
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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 *William A. Maher CPA* *M. Maher*
Signature of person authorized to execute this statement (Required when appointing a new registered agent) Registered Agent signature (required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P LARSON, RAY <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P Charles A. Bebbler <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4689 S W 72ND AVE	1.2 NAME	1725-1 Red Cedar Dr
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	Ft. Myers, FL 33907
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP LARSON, GARY <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP Andrew U. Bebbler <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4689 S W 72ND AVE	2.2 NAME	854 SE 41st Street
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	Cape Coral, FL 33904
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Kent Reisdorph <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	6464 Cocos Dr.
STREET ADDRESS		3.3 STREET ADDRESS	Ft. Myers, FL 33908
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE *Charles A. Bebbler* 4-27-98 946-277-2222

CP2E034 (10/97)