

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S36440** (3)

1. Corporation Name
LUMIN, INC.



Principal Place of Business

**7200 RADICE COURT
STE 403
LAUDERHILL FL 33319**

Mailing Address

**7200 RADICE COURT
STE 403
LAUDERHILL FL 33319**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**SHAPIRO, KENNETH W.
BERGER & SHAPIRO, P.A.
100 NE THIRD AVE, SUITE 400
FT. LAUDERDALE FL 33301**

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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)

(If Not Registered Agent, Signature to be used which best fits)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME **D BROWN, EILEEN** ☐ DELETE
STREET ADDRESS **7200 RADICE CT #403**
CITY-STATE-ZIP **LAUDERHILL FL**

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 as an attachment with an address.

SIGNATURE:

Eileen Brown - EILEEN BROWN

3/1/96

954-735-2787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Daytime Phone #

CR2E034 (12/95)