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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

(6)

DOME LIGHTING, INC.

Principal Place of Business Mailing Address											
SARASOTA FL 34231		1919 SOUTHWOOD STREET SARASOTA FL 34231 US				3. Date incorporated or Qualified 3a. Date of Last Report 04/15/1991 04/18/1995					
2. Principal Plac	o of Rusiness	22	. Mailing Address				4. FEI Number		⊢∔	Applied For	
2. Principal Flac 1	Se Ot Dogulesa	26	3				65-0256623			Not Applicable	
Suite, Apt. #,	etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required	
2		27								00 May Be	
City & State		-	City & State				Election Campaign Financing Trust Fund Contribution			ed to Fees	
<u> </u>		28	Zip	Coun	trv		This corporation has liability for	intangible ta	x under s	199.032,	
Zip }	Country	29	2.10	30	,		Florida Statutes X Yes	s ∐ No			
<u> </u>	25 9. Name and Address of Curren		stered Agent				10. Name and Address of New I	Registered	Agent		
	9			1	31	Name					
KING. CI	LIFFORD M			h	32	Street Add	dress (P.O. Box Number is Not Acceptal	ble)			
	LACE AVENUE							·			
SUITE 3	80			Į,	ВЗ						
SARASO	TA FL 34237			ļ	84	City		FI	85 2	Zip Code	
SIGNATURE _	Signature, typed or printed have of renetered ages OF FICERS AN	D DIFE		OTE Projeteral.	Agza - Zer	at signal, refer in	ADDITIONS/CHANGES TO OF				
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NAME	HANLAN, G.V.			1.2 NA	Μŧ						
STREET ADDRESS	326 TREASURE BOAT WAY			13 ST	REF	LADDRESS					
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6.2 NAME

6.3 STREET ADDRESS

TITLE

NAME

STREET ADDRESS

14. If 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, 1 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 logal 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 in changed, grown an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

CR2E034 (12/95)