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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

FILED Mar 30 1998 8:00am Secretary of State

UNITE	D LIGHT BULBS & JANIT	orial suppli	IES, INC.							
Principal Plac	e of Business	Mailing Ad	ddress				-	10 TOLI #1611 011	IFI DIDII BIBLI EI	011 01011 1 79 1
### 2241 GRANT ST ### 2241 GRANT ST ##################################							DO NOT WR	ITE IN THIS	SPACE	
•		00					3. Date Incorporated or Qualifie		SFACE	
							03/18/1992	_		
2. Principal P	Place of Business	2a. Mailing	Address				4. FEI Number		I A	pplied For
21		26					65-0323249		□ N	lot Applicable
Suite, Apt.	. #, etc.	—	Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27							Fee F	equired
City & Stat	16	City &	State				6. Election Campaign Financing			May Be
23 Zip	Country	28 Zip		Cour	ntrac		Trust Fund Contribution	<u> </u>		to Fees
24	25	29		30	y		8. This corporation owes or has Personal Property Tax due Ju	•	_ ` .	itangible No
<u></u> 1	9, Name and Address of Cui		gent	1301			10. Name and Address of New			
FC	OWLER, WALTER		=		81 N	ame		<u> </u>		
	241 GRANT ST			- -	B2 S	root Addre	ess (P.O. Box Number is Not Accep	table)		
HC	OLLYWOOD FL 33020			[3	noot Addit	ass (F.O. Box Number is Not Accep	ilabie)		
				Ī	B3					
				 	84 C	ity			85 Zip	Code
					1	•		FL	_	
11. Pursuant office or r	to the provisions of Sections 607.t registered agent, or both, in the St	0502 and 607.1508, tate of Florida, Such	, Florida Statut	es, the about	Ove-na	med corpo	oration submits this statement for the on's board of directors. I hereby ac	e purpose o	of changing	its registered
agent. I a	am familiar with and accept the ot	pligations of, Section	n 607.0505, Flo	orida Statu	ites.	oo porati	or a bourd of anothers. Thereby ac	_ /	1	a registered
SIGNATURE	Walle Four	W						3124	<19X	1
									11.10	
19	Signature, typed or printed hamo of registered	ktsoikiga fi sitit bes Inaga b	e (NOT		Agent sig	pnature require	ad when reinstating)	DATE	7 10	DC IN 40
12. TITLE		klasikiqa it aiti bra lrega b AND DIRECTORS		13.		gnature require	ed when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN		
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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 myalfachment with an address.

SIGNATURE:

3/25/98