

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V56602** (8)
1. Corporation Name
FLORIDA LIGHTING/FLORIDA EMERGENCY LIGHTING INC.



Principal Place of Business 4408 S.W. 35TH AVE. FT. LAUDERDALE FL 33312	Mailing Address 4408 S.W. 35TH AVE. FT. LAUDERDALE FL 33312
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/11/1992	
4. FEI Number 59-3177006		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. 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		8. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent FLANIGAN, RICK E. 4408 S.W. 35TH AVE. FT. LAUDERDALE FL 33312				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 <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				1.2 NAME				1.3 STREET ADDRESS				1.4 CITY-ST-ZIP			
NAME C FLANIGAN, RICK E.				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				2.2 NAME				2.3 STREET ADDRESS				2.4 CITY-ST-ZIP			
STREET ADDRESS 4408 S.W. 35TH AVE.				2.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				2.6 NAME				2.7 STREET ADDRESS				2.8 CITY-ST-ZIP			
CITY-ST-ZIP FT. LAUDERDALE FL 33312				2.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				2.10 NAME				2.11 STREET ADDRESS				2.12 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				3.2 NAME				3.3 STREET ADDRESS				3.4 CITY-ST-ZIP			
NAME PTS FLANIGAN, PATRICK E				3.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				3.6 NAME				3.7 STREET ADDRESS				3.8 CITY-ST-ZIP			
STREET ADDRESS 11310 BLOOMINGTON DRIVE				3.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				3.10 NAME				3.11 STREET ADDRESS				3.12 CITY-ST-ZIP			
CITY-ST-ZIP TAMPA FL 33635				3.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				3.14 NAME				3.15 STREET ADDRESS				3.16 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				3.18 NAME				3.19 STREET ADDRESS				3.20 CITY-ST-ZIP			
NAME VP HEYMERS, JAMES C				3.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				3.22 NAME				3.23 STREET ADDRESS				3.24 CITY-ST-ZIP			
STREET ADDRESS 6734 N.W. 70TH AVE.				3.25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				3.26 NAME				3.27 STREET ADDRESS				3.28 CITY-ST-ZIP			
CITY-ST-ZIP TAMARAC FL 33321				3.29 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				3.30 NAME				3.31 STREET ADDRESS				3.32 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.33 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				3.34 NAME				3.35 STREET ADDRESS				3.36 CITY-ST-ZIP			
NAME				3.37 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				3.38 NAME				3.39 STREET ADDRESS				3.40 CITY-ST-ZIP			
STREET ADDRESS				3.41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				3.42 NAME				3.43 STREET ADDRESS				3.44 CITY-ST-ZIP			
CITY-ST-ZIP				3.45 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				3.46 NAME				3.47 STREET ADDRESS				3.48 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.49 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				3.50 NAME				3.51 STREET ADDRESS				3.52 CITY-ST-ZIP			
NAME				3.53 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				3.54 NAME				3.55 STREET ADDRESS				3.56 CITY-ST-ZIP			
STREET ADDRESS				3.57 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				3.58 NAME				3.59 STREET ADDRESS				3.60 CITY-ST-ZIP			
CITY-ST-ZIP				3.61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				3.62 NAME				3.63 STREET ADDRESS				3.64 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 *[Signature]* DATE *[Date]*

CR2E034 (10/97)