

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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90025 004 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 481753

1. Corporation Name  
 LIGHTING TECHNOLOGY SYSTEMS, INC.



Principal Place of Business  
 1090 SWEETWATER CLUB BLVD.  
 P.O. BOX 5737  
 LONGWOOD FL 32779-2103

Mailing Address  
 1090 SWEETWATER CLUB BLVD.  
 P.O. BOX 5737  
 LONGWOOD FL 32779-2103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 07/28/1975

2. Principal Place of Business	2a. Mailing Address
21 702 Silver Shores Rd.	26 P.O. Box 4286
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Vero Beach, FL	28 Vero Beach, FL
24 32963	29 32964
25 USA	30 USA

4. FEI Number  
 59-1610694

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

GARLATI, MARILYN A  
 1090 SWEETWATER CT BLVD  
 LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	702 Silver Shores Rd.
83	
84 City	Vero Beach FL
85 Zip Code	32963

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 Marilyn A. Garlati - MARILYN A. GARLATI, Pres. 1-13-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	EVPT	<input type="checkbox"/> DELETE
NAME	GARLATI, WILLIAM C	
STREET ADDRESS	1090 SWEETWATER CLUB BLV	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	GARLATI, MARILYN	
STREET ADDRESS	1090 SWEETWATER CLUB BLV	
CITY-ST-ZIP	LONGWOOD, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	702 Silver Shores Rd.
1.4 CITY-ST-ZIP	Vero Beach, FL 32963
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	702 Silver Shores Rd.
2.4 CITY-ST-ZIP	Vero Beach, FL 32963
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Marilyn A. Garlati 1/25/99 561-234-0590  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)