

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

APPROVED AND FILED

95 APR 27 AM 10:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

<p>CORPORATION ANNUAL REPORT 1995</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortman Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # 540440 (5)
1. Corporation Name
ASTRALITE, INC.

Principal Place of Business 7650 W. 26TH AVENUE MALEAH FL 33016	Mailing Address 7650 W. 26TH AVENUE MALEAH FL 33016
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/10/1977		3a. Date of Last Report 04/29/1994	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		4. FEI Number 59-1765785	
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		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	
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<p>MERKIN, STEWART 100 N BISCAYNE BLVD MIAMI, FL 33132</p>				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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEDRISH, ARTHUR	1.2 NAME	SEDRISH, ARTHUR
STREET ADDRESS	471 IVES DAIRY RD #C-406	1.3 STREET ADDRESS	471 IVES DAIRY RD #C406
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	Miami, FL 33179
TITLE	VTSD	2.1 TITLE	VTSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEDRISH, LITA	2.2 NAME	SEDRISH, LITA
STREET ADDRESS	471 IVES DAIRY RD #C-406	2.3 STREET ADDRESS	471 IVES DAIRY RD #C406
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	Miami, FL 33179
TITLE	VSD	3.1 TITLE	VTSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADRISH, MICHELLE A	3.2 NAME	SEDRISH, MICHELLE M.
STREET ADDRESS	618 CAMBRIDGE TERR.	3.3 STREET ADDRESS	618 CAMBRIDGE TERR.
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33326
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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; that I am duly authorized, or have been empowered, to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: _____ **MICHELLE M. SEDRISH 4/20/95 305-821-3802**
SIGNATURE AND TYPE (AND PRINTED NAME OF BOARD OFFICER OR DIRECTOR) (Date) (System Use Only)