

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

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 540440 (5)

1. Corporation Name
ASTRALITE, INC.



Principal Place of Business 7650 W. 26TH AVENUE HIALEAH FL 33016	Mailing Address 7650 W. 26TH AVENUE HIALEAH FL 33016-5611
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3. Date Incorporated or Qualified 06/10/1977	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1765785	Applied For <input type="checkbox"/> Not Applicable
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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 4720 OAKES ROAD Suite, Apt. #, etc. 22 BAY K City & State 23 DAVIE, FL Zip 24 33314 Country 25 USA	2a. Mailing Address 26 4720 OAKES ROAD Suite, Apt. #, etc. 27 BAY K City & State 28 DAVIE, FL Zip 29 33314 Country 30 USA
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9. Name and Address of Current Registered Agent

~~MERKIN, STEWART~~
~~100 N BIGCAYNE BLVD~~
~~MIAMI, FL~~
~~33102~~

10. Name and Address of New Registered Agent

81 Name **Jerald C. Cantor**
 82 Street Address (P.O. Box Number is Not Acceptable)
3230 Stirling Road
 83
 84 City **Hollywood** FL 85 Zip Code **33021**

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]* DATE **4/21/97**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SEDRISH, ARTHUR	
STREET ADDRESS	471 IVES DAIRY RD. #C-406	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTSD	<input type="checkbox"/> DELETE
NAME	SEDRISH, LITA	
STREET ADDRESS	471 IVES DAIRY RD. C-406	
CITY-ST-ZIP	MIAMI FL	
TITLE	PTDS	<input type="checkbox"/> DELETE
NAME	SEDRISH, MICHELLE	
STREET ADDRESS	618 CAMBRIDGE TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 do 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]* MICHELLE M SEDRISH 13 JAN 1997 854-321-8005

CR2E034 (9/96)