

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740660 (6)

1. Corporation Name
THE SPOTLITE PLAYERS, INC.



Principal Place of Business: **POST OFFICE BOX 33244
PALM BEACH GARDENS FL 33420-3244
US**

Mailing Address: **POST OFFICE BOX 33244
PALM BEACH GARDENS FL 33410
US**

3. Date Incorporated or Qualified: **10/31/1977**

3a. Date of Last Report: **03/06/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-1804545	Not Applicable
22	22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	23. Zip	28. Zip	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BILES, JOHN E.
243 EAST TALL OAKS CIRCLE
PALM BEACH GARDENS FL 33410**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	PD DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUFFER JR., RAY	1.2 NAME	
STREET ADDRESS	POST OFFICE BOX 5928 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	
TITLE	VD DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWABE, JIM	2.2 NAME	
STREET ADDRESS	1121 POWELL DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	PD DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, FRANK	3.2 NAME	
STREET ADDRESS	11858 175TH ROAD, NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	
TITLE	TD DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILES, JOHN E.	4.2 NAME	
STREET ADDRESS	243 EAST TALL OAKS CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	VD DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGDALA RAY	5.2 NAME	
STREET ADDRESS	9688 DOGWOOD AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GDN'S 33410	5.4 CITY-ST-ZIP	
TITLE	VD DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALLIE POLLAK	6.2 NAME	
STREET ADDRESS	13 KINTYRE Rd,	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, 33418	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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.23.96

Date:

Day/Time/Phone #

CR2E037 (12/95)