

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998

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

FILED  
Jul 08 1998 8:00am  
Secretary of State

DOCUMENT # J218666

1. Corporation Name

NILELITE Productions, Inc

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

12-12-89

2. Principal Place of Business

2a. Mailing Address

21 1911 W. Copans Rd.

26 1911 W. Copans Rd

4. FEI Number

59-2821644

Applied For

Not Applicable

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 or has paid the current year intangible  
Personal Property Tax due June 30

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARLAND HOGAN  
2200 Lazy Ln.  
Lazy Lake, FL 33305

81 Name

ANDREW SHAPIRO & DECTOR, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

7777 GLADES ROAD

83 Suite

SUITE: 200

84 City

Boca Raton

FL

85 Zip Code

33434

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

Andrew Shapiro, Esq.

6/16/98

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 NAME Paul J. REMO  
STREET ADDRESS 1915 W. Copans Rd.  
CITY ST ZIP Pompano Beach, FL 33364

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY ST ZIP

Director ☒ Change ☐ Addition

TITLE NAME STEVE C. Whiting  
STREET ADDRESS 1915 W. Copans Rd.  
CITY ST ZIP Pompano Beach, FL 33364

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY ST ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY ST ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY ST ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY ST ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY ST ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/98 (954) 977-4481

Date

Daytime Phone

CR2E034 (10/97)