

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J53136 (8)**
1. Corporation Name
MOON LITE GRAPHICS, INC.

Principal Place of Business: **12250 NE 18TH AVE. OKEECHOBEE FL 34972**
Mailing Address: **12250 NE 18TH AVE. OKEECHOBEE FL 34972**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/20/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2834083	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. 198.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
State, Apt. # etc. 22	State, Apt. # etc. 27
City & State 23	City & State 28
Zip 24	Zip 29

9. Name and Address of Current Registered Agent MARTINEZ, MIGUEL 12250 NE 18TH AVE. OKEECHOBEE FL 34972	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code
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11. Pursuant to the provisions of Sections 607.0932 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DP MARTINEZ, MIGUEL 12250 NE 18 AVE. OKEECHOBEE FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DS MARTINEZ, LINDA S. 12250 NE 18 AVE. OKEECHOBEE FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition No longer on the board of directors
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DVP MARTINEZ, MARIA D. 12250 NE 18 AVE. OKEECHOBEE FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition No longer on the board of directors
TITLE NAME STREET ADDRESS CITY, ST, ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is true and correct and that I am a resident of the State of Florida. I further certify that the information included on this annual report or supplemental address report is true and correct and that my signature shall have the same legal effect as if made under oath. That I am available to this for all the corporations or the division responsible to complete this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, in respect to each attachment to this filing.

SIGNATURE: **Miguel Martinez** 5/5/95 (813) 763-2929
Name of the Authorized Officer or Director