FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L80431** **(4)**

1. Corporation Name
NIGHTSHIFT INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
C/O ARTHUR E. PRIESTLEY 1126 SOUTH FEDERAL HIGHWAY S-700 FORT LAUDERDALE FL 33316	C/O ARTHUR E. PRIESTLEY 1126 SOUTH FEDERAL HIGHWAY S-700 FORT LAUDERDALE FL 33316

3. Date Incorporated or Qualified: 06/13/1990
3a. Date of Last Report: 08/11/1994

2. Principal Place of Business	2a. Mailing Address
21 3200 S. ANDREWS AVE	26
Suite, Apt. #, etc. 22 # 105	Suite, Apt. #, etc. 27
City & State 23 FT. LAUDERDALE FL	City & State 28
Zip / Country 24 33316 / 25 USA	Zip / Country 29 / 30

4. FEI Number: 65-0209222 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRIESTLEY, ARTHUR E. 1126 SOUTH FEDERAL HIGHWAY SUITE 700 FORT LAUDERDALE FL 33316	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	11 TITLE	☐ Change ☐ Addition
NAME	PRIESTLEY, ARTHUR E.	12 NAME	
STREET ADDRESS	1126 S. FEDERAL HWY. 700	13 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	PRIESTLEY, JOHN	22 NAME	
STREET ADDRESS	1126 S FEDERAL HWY 700	23 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☒ Change ☐ Addition
NAME	FREDERICK J. DELIBERO	32 NAME	DELETE
STREET ADDRESS	2622 NW 33TH ST	33 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND OARK	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	MICHAEL BAKER	42 NAME	DELETE
STREET ADDRESS	6400 W. ATLANTIC BLVD 13	43 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-29-95 305-763-8005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ARTHUR E. PRIESTLEY - DIRECTOR

0224700 CP