

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000029277 (9)

1. Corporation Name

NITELITE STUDIOS, INC.



Principal Place of Business

Mailing Address

1911 WEST COPANS ROAD
POMPANO BEACH FL 33064

1911 WEST COPANS ROAD
POMPANO BEACH FL 33064

3. Date Incorporated or Qualified
04/21/1993

3a. Date of Last Report
11/17/1995

2. Principal Place of Business

2a. Mailing Address

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26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOGAN, GARLAND
300 E LAS OLAS BLVD.
2D FLOOR
FORT LAUDERDALE FL 33301

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 607.1506, 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 of the person authorized to sign this report. If the person is not the registered agent, the signature must be accompanied by a separate statement of authority.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
P
REMO, PAUL J
STREET ADDRESS
1911 WEST COPANS ROAD
CITY-ST-ZIP
POMPANO BEACH FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 (changed) or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul J. Remo

8/6/96

954-977-4481

CR2E034 (3/96)