

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathew
Treasurer, Finance
and Administration

APPROVED
AND
FILED

MAY - 1 PM 4:55

DOCUMENT # P93000067452 (1)

HILITE ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address: 14704 MADONNA LILY COURT ORLANDO FL 32824
Mailing Address: 14704 MADONNA LILY COURT ORLANDO FL 32824

2. The corporation is organized in the State of Florida		2a. Mailing Address: 2252 WYNHAM WAY		3. Date of Incorporation: 09/23/1993		3a. Date of Report Required: 05/01/1994	
21. State Agent Name: [Blank]		26. State Agent Name: [Blank]		4. FEI Number: 59-3209563		Applied For: [Blank] Not Applicable: [Blank]	
22. State Agent Address: [Blank]		27. State Agent Address: [Blank]		5. Certificate of Status Desired: [Blank]		\$8.75 Additional Fee Required	
23. State Agent Phone: [Blank]		28. State Agent Phone: [Blank]		6. Election Campaign Financing: [Blank]		\$5.00 May Be Added to Fees	
24. State Agent Fax: [Blank]		29. State Agent Fax: [Blank]		7. This corporation has failed to comply with the provisions of the Florida Statutes: [Blank]		[Blank]	

9. Name and Address of Current Registered Agent JAIN RUCHI 14704 MADONNA LILY CT. ORLANDO FL 32824				10. Name and Address of New Registered Agent 81. Name: RUCHI JAIN 82. Street Address (P.O. Box Number is Not Acceptable): 2252 WYNHAM WAY 83. City: KISSIMMEE 84. State: FL 05. Zip Code: 34743			
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11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the above named corporation is in good standing and is entitled to do business in the State of Florida. I am a resident of the State of Florida and have been duly qualified as a resident of the State of Florida.

SIGNATURE: *Ruchi Jain* 3/30/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME: JAIN RUCHI STREET ADDRESS: 14704 MADONNA LILY CT. CITY: ORLANDO FL 32824		NAME: JAIN RUCHI STREET ADDRESS: 2252 WYNHAM WAY CITY: KISSIMMEE FL 34743	
NAME: [Blank] STREET ADDRESS: [Blank] CITY: [Blank] FL [Blank]		NAME: JAIN BRENDA STREET ADDRESS: 2252 WYNHAM WAY CITY: KISSIMMEE FL 34743	
NAME: [Blank] STREET ADDRESS: [Blank] CITY: [Blank] FL [Blank]		NAME: [Blank] STREET ADDRESS: [Blank] CITY: [Blank] FL [Blank]	
NAME: [Blank] STREET ADDRESS: [Blank] CITY: [Blank] FL [Blank]		NAME: [Blank] STREET ADDRESS: [Blank] CITY: [Blank] FL [Blank]	
NAME: [Blank] STREET ADDRESS: [Blank] CITY: [Blank] FL [Blank]		NAME: [Blank] STREET ADDRESS: [Blank] CITY: [Blank] FL [Blank]	
NAME: [Blank] STREET ADDRESS: [Blank] CITY: [Blank] FL [Blank]		NAME: [Blank] STREET ADDRESS: [Blank] CITY: [Blank] FL [Blank]	
NAME: [Blank] STREET ADDRESS: [Blank] CITY: [Blank] FL [Blank]		NAME: [Blank] STREET ADDRESS: [Blank] CITY: [Blank] FL [Blank]	
NAME: [Blank] STREET ADDRESS: [Blank] CITY: [Blank] FL [Blank]		NAME: [Blank] STREET ADDRESS: [Blank] CITY: [Blank] FL [Blank]	
NAME: [Blank] STREET ADDRESS: [Blank] CITY: [Blank] FL [Blank]		NAME: [Blank] STREET ADDRESS: [Blank] CITY: [Blank] FL [Blank]	

14. I, the undersigned, do hereby certify that the information supplied with this filing is substantially true and correct, and that the corporation is in good standing and is entitled to do business in the State of Florida. I am a resident of the State of Florida and have been duly qualified as a resident of the State of Florida.

SIGNATURE: *Ruchi Jain* 4/30/95
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR