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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000032318 (5)**

1. Corporation Name
NOUVEAU PRODUCTION INC.

Principal Place of Business	Mailing Address
401 N HAWTHRONE CIR WINTER SPRINGS FL 32708	401 N HAWTHRONE CIR WINTER SPRINGS FL 32708

2. Principal Place of Business 21 2124 Edgewater Dr.	2a. Mailing Address 26 2124 Edgewater Dr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando FL	City & State 28 Orlando, FL
Zip / Country 24 32804 / 25 USA	Zip / Country 29 32804 / 30 USA

3. Date Incorporated or Qualified 04/25/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3248847	☐ 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

WILSON, TYRONE
401 N HAWTHRONE CIR
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name: Tyrone Wilson
82 Street Address (P.O. Box Number is Not Acceptable): 8612 Villa Point Dr.
83 Apt # 427
84 City: Orlando FL 85 Zip Code: 32810

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	PD ☒ Change ☐ Addition
NAME	WILSON, TYRONE		12 NAME	Wilson, Tyrone
STREET ADDRESS	401 N HAWTHRONE CIR		13 STREET ADDRESS	8612 Villa Point Dr. # 427
CITY-ST-ZIP	WINTER SPRINGS FL 32708		14 CITY-ST-ZIP	Orlando FL 32810
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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 if changed, or on an attachment with an address.

SIGNATURE: Tyrone Wilson 8-14-96 407-425-2495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0139207 -- FR