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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISIONMOF CORPORATIONS

1996 **DOCUMENT** #

P94000091420 (7)

1. Corporation Name TWILIGHT GRAPHICS, INC.

Principal Place of Business

Mailing Address



5143 LAZY O WINTER PARI			WINTER PARK FL 32792							
tiniope, com							Date incorporated or Qualified 01/01/1995	3a. Date	of Last F	
2. Principal Place	e of Business	2a. Mailing Ad	ddress				4. FEI Number	~		Applied For Not Applicable
1		26					59-3384590	<u> </u>	607	5 Additional
Suite, Apt. #,	etc.	Suite, Apt	t.#, etc.				Certificate of Status Desired			Required
2		27 City & Sta					6. Election Campaign Financing		\$5.0	00 May Be
City & State		28	31C				Trust Fund Contribution		Add	ed to Fees
3 } Z⊮p	Country	Zip		Count	ry		8. This corporation has liability or	intangible ta	x under :	s 199.032,
4	25	29		30			Florida Statutes			
<u> </u>	9. Name and Address of Curre	nt Registered Age	ent				10. Name and Address of New I	Registered /	4gent	
				}*	31	Name				
SETTER	LUND, DAVID			Ē	32	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
5143 LA	AZY OAKS DRIVE			-	33					
WINTER	R PARK FL 32792								1221	7.0.4
				1	84	City		FL	. 1	Zip Code
- jamiliar witt	id agent, or both, in the state of his n, and accept the obligations of, Sec I	olion 607.0505, Flor					oration submits this statement for the pi and of directors. I hereby accept the ap			
SIGNATURE	signature, typed or printed hance of registered age	ov and title il applicable.	W,		\gar	d signature nequi	red when reinstating)	DATE CICEOR AND) DIREC	TORS IN 12
12.	OFFICERS A	ND DIRECTORS	L Bry EYE	13.		r	ADDITIONS/CHANGES TO OF	TIOENS AM	Chang	e Addition
TITLE	D	LJ	DELETE	1, 1 Td				•	P	
NAME.	SETTERLUND, DAVID			1.2 NAI		ADDRESS				
STREET ADDRESS	5143 LAZY OAKS DRIVE WINTER PARK FL 32792			1.4 011						
CITY-ST-ZIP	WINTER PARK PL 32/82		DELETE	2 1 II		21-21			Chang	e 🔲 Addition
TITLE NAME		b.com	•	2 2 NA	ME					
STREET ADDRESS				2.3 ST	REEL	(ADDRESS				
CITY-SY-ZIP				2.4 Cil	ΓY - 5	\$1 - 7 IP			Chang	ge [] Addition
TITLE) DELETÉ			. 2			LJ Grang	ge L. Hosimon
NAME				3.2 NA		ļ				
STREET ADDRESS						ET ADDRESS S''-ZIP				
CITY - ST - ZIP		Г	DELETE	4 17					[] Chan	ge 🔲 Addilion
TITLE		1		4.2 N/						,
NAME STREET ADDRESS						1 ADDRESS				
CITY-ST-ZIP				4.4 CI	TY-	si - 70	7000018 -05/23/960	3,7		P*** 1 1/10'
TITLE		C]] DELETE	5. 1 T	ITL E	ķ	-05/23/960. ***200.00	וחספרון	n⊆jo Chan	ge 🔲 Addition
NAME				52 N	AME	1	<i>ネホキ</i> といい。いい			
STREET ADDRESS	\					ET ADDRESS				
CITY - ST - ZIP			TI brieft			ST-ZIP			Char	nge 🔲 Addition
TITLE		L] DELETE	6.11						1-96
NAME				62 N		ELL ADDRESS			Э.	
STREET ADDRESS						- ST - ZIP			5	
CITY-ST-ZIF	1			waishoo nod		os not quali	ify for the exemption stated in Section 1	19.07(3)(k), F	Iorida Si	tatutes. I further

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. 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 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 certify that I am an officer or director of the exporation 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 13th changed, or often attachment with an address.

SIGNATURE:

NING OFFICER OR DIRECTOR

4/30/96 407 671 3367