

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000018961 (9)

1. Corporation Name

TWILIGHT PRODUCTION, INC.

Principal Place of Business

2002 S.E. TALWOOD LANE
PORT ST. LUCIE FL 34952

Mailing Address

2002 S.E. TALWOOD LANE
PORT ST. LUCIE FL 34952



2. Principal Place of Business

21 2002 SE TALWOOD LN

Suite, Apt. #, etc.

22 City & State

23 PORT ST LUCIE, FLORIDA

Zip

24 34952

Country

25 USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

03/06/1995

3a. Date of Last Report

4. FEI Number

65-0566399

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

CAFFARO, BERNARD W JR.
2002 S.E. TALWOOD LANE
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

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 607.1504, 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

Bernard W. Caffaro Jr.

BERNARD W. CAFFARO JR.

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CAFFARO, ANN M
STREET ADDRESS 2002 S.E. TALWOOD LANE
CITY - ST - ZIP PORT ST. LUCIE FL 34952

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Ann M. Caffaro

ANN M. CAFFARO

5-17-96

335-1441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)