

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000044524 (3)

1. Corporation Name

TWILIGHT GROUP, INC.

Principal Place of Business

50 CONRAD HILLS ROAD  
HAVANA FL 32333

Mailing Address

50 CONRAD HILLS ROAD  
HAVANA FL 32333

FILED

97 MAY -1 PM 4: 14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/13/1994		06/25/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3225377		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
25		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25		29		30		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GALLAGHER, DEAN W  
50 CONRAD HILLS ROAD  
HAVANA FL 32333

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 607.1508, 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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PMD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, DEAN W	1.2 NAME	
STREET ADDRESS	50 CONRAD HILLS RD.	1.3 STREET ADDRESS	200002167892--3
CITY - ST - ZIP	HAVANA FL 32333	1.4 CITY - ST - ZIP	-05/06/97--01100--019
TITLE	TS	2.1 TITLE	****165.00
NAME	GALLAGHER, ERIN W	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	50 CONRAD HILLS RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	HAVANA FL 32333	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, KEVIN N	3.2 NAME	
STREET ADDRESS	29 FOXBORO	3.3 STREET ADDRESS	
CITY - ST - ZIP	SEARCY AR 72143	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, LORI N	4.2 NAME	
STREET ADDRESS	29 FOXBORO	4.3 STREET ADDRESS	
CITY - ST - ZIP	SEARCY AR 72143	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, ERIC L	5.2 NAME	
STREET ADDRESS	429 CACTUS ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32304	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, LINDA R	6.2 NAME	
STREET ADDRESS	429 CACTUS ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32304	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ERIN GALLAGHER 4/30/97 904/877-7181

CR2E034 (9/96)