

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

10/2

98 OCT 27 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000074941**
1. Corporation Name

NITE KREW INC.

Principal Place of Business Mailing Address

2213 KING ALPINE'S COURT
WINTER PARK, FLORIDA 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08-28-97

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	593465548	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation owes or has paid the current year Intangible	
Zip	Country	Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

W. STEWART GILMAN, P.A.
940 Highland Ave.
Orlando, FL 32803

10. Name and Address of New Registered Agent

81 Name	THOMAS A. ALTIF
82 Street Address (P.O. Box Number is Not Acceptable)	2213 King Alpine's Court
83	
84 City	WINTER PARK FL
85 Zip Code	32792

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

Thomas A. Altif, Vice President

09/13/98

(Signature, typed or printed name of registered agent if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	PRESIDENT
STREET ADDRESS		1.3 STREET ADDRESS	C. WAYNE MOORE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	171 RAINTREE DRIVE
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	CASSELBERRY, FLORIDA 32707
NAME		2.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	VICE PRESIDENT
CITY-ST-ZIP		2.4 CITY-ST-ZIP	THOMAS A. ALTIF
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	2213 KING ALPINE'S COURT
NAME		3.2 NAME	WINTER PARK, FLORIDA 32792
STREET ADDRESS		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP	700002679597-4
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	-11/03/98-01098-008
NAME		4.2 NAME	****150.00 ****150.00
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 from an attachment with an address.

SIGNATURE:

Thomas A. Altif, Vice President 10/09/98

(Signature and typed or printed name of signing officer or director)

CP2E034 (5/98)

20/2

Nite Krew Inc,
2213 King Alpines Court
Winter Park, Florida 32792

Florida Department of State
Annual Reports Filings
Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

Dear Secretary of State:

The corporation did not receive notice of annual report requirements and forms to prepare such a report. A corporate officer made inquiries in late August 1998 as to corporate requirements and forms for the State of Florida and then received the enclosed forms. This was our first year of incorporation. Your office advised me to enclose this note of explanation, to prepare the annual report and submit the regular fee.

Thank you for your considerations concerning the above matter.

Sincerely,


C. Wayne Moore, President