

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 8:02

TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 520898

1. Corporation Name

Primelight Productions, Inc.

Principal Place of Business

Mailing Address

1815 Coral Ridge Dr.
Ft Lauderdale, Fl 33305

3. Date Incorporated or Qualified 12-21-90 3a. Date of Last Report 8-2-94

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0323789		Not Applicable	
Suite, Apt #, etc		Suite, Apt #, etc		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip		Country		Zip		Country	
24		29		30		8. This corporation has liability for intangible tax under S 199 032, Florida Statutes <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

9. Name and Address of Current Registered Agent

Robert P. Buruchian
1815 Coral Ridge Dr.
Ft. Lauderdale, Fl 33305

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P O Box Number is Not Acceptable)	
83	
84 City	FL

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 re-registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert P. Buruchian	1.2 NAME	
STREET ADDRESS	1815 Coral Ridge Dr.	1.3 STREET ADDRESS	
CITY ST ZIP	Ft Lauderdale, Fl 33305	1.4 CITY ST ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		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		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 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:

R. P. Buruchian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95

Date

305 561-1844

Telephone Number

XB