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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M72436

1. Corporation Name BRIGHT HORIZONS INVESTMENT CORP.

Principal Place of Business 5030 CHAMPION BOULEVARD, SUITE 6-232 BOCA RATON FL 33496
Mailing Address 5030 CHAMPION BOULEVARD, SUITE 6-232 BOCA RATON FL 33496



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/18/1988
4. FEI Number 65-0038467
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 owes the current year Intangible Personal Property Tax. [X] No

2. Principal Place of Business 21, 22, 23, 24
2a. Mailing Address 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent CANTOR, SAMUEL J 8400 NORTH UNIVERISTY DRIVE TAMARAC FL 33321

10. Name and Address of New Registered Agent 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code 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 reinstating) DATE

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox. Row 1: PD STRAUB, BARBARA J, 5030 CHAMPION BLVD., SUITE 6-232, BOCA RATON FL.

Table with 13 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and Change/Addition checkboxes. Rows 1-8 for additions.

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA STRAUB-PRES-3/8/99-561-276-7868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)