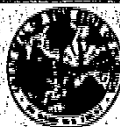


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:34

DOCUMENT # 254170 (4)

1. Corporation Name

BRIGHTWATERS TOWER OF SNELL ISLE INC

Principal Place of Business

1365 SNELL ISLE BLVD N E
ST PETERSBURG FL 33704

Mailing Address

1365 SNELL ISLE BLVD N E
ST PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/19/1961

3a. Date of Last Report

04/13/1994

4. FEI Number

59-0948504

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

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSBURN, BILLY K
10033 - 9TH ST., N.
ST PETERSBURG, FL
ST. PETERSBURG FL 33716

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	NICHOLS, PATRICIA
STREET ADDRESS	1365 SNELL ISLE BLVD., 6-A
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	DV
NAME	ZAMPARELLI, CHRISTIANE
STREET ADDRESS	1365 SNELL ISLE BLVD., 7-B
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	STD
NAME	LEE, ROSALIE
STREET ADDRESS	1365 SNELL ISLE BLVD., 2D
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	LONGSTAFF, DOROTHY
STREET ADDRESS	1365 SNELL ISLE BLVD., 9-A
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	DALLGAARD, ALTON
STREET ADDRESS	1365 SNELL ISLE BLVD., 8A
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	D VICTOR GRIMALDO
5.3 STREET ADDRESS	1365 SNELL ISLE BLVD. 5A
5.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33704
6.1 TITLE	☐ Change ☐ Addition
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Patricia Nichols PATRICIA NICHOLS 3/22/94 898-2017