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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # 585132

1. Corporation Name

SPARKLE-BRITE CORPORATION

Principal Place of Business / Mailing Address

3580 17TH STREET

SARASOTA, FL 34235

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 | State, Apt. #, etc. 22 | City & State 23 | Zip 24 | Country 25

2a. Mailing Address
26 | State, Apt. #, etc. 27 | City & State 28 | Zip 29 | Country 30

3. Date Incorporated or Qualified: 9-1-78

4. FEI Number: 59-1850926 — ☐ Applied ☐ Not Appl

5. Certificate of Status Desired ☑ — $8.75 Additio Fee Require

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Added to Fe

8. This corporation owes or has paid the current year Intangib Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BOSCARINO, CHARLES J
2107 RIVER RIDGE DR
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name: BOSCARINO, PETER J.
82 Street Address (P.O. Box Number Is Not Acceptable): 7453 SADDLE CREEK PLACE
83 City: SARASOTA FL 34241
84 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 reg 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 regis agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Peter J. Boscarino — DATE: 4-30-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOSCARINO, CHARLES J 2107 RIVER RIDGE DR SARASOTA FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BOSCARINO, BRUNA PATRICI 2107 RIVER RIDGE DR SARASOTA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Boscarino, Peter J. 7453 Saddle Creek Place Sarasota, FL 34241	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPO Perry, Mike 6502 Manatee Ave Sarasota FL 34241	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	600002524756 -05/15/98--01009--029 ***158.75	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐

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 inf 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 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 appea Block 12 or Block 13 if changed, or on an att[illegible] with an address.

SIGNATURE: Peter J. Boscarino — 4-30-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 04