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

**PROFIT CORPORATION** ANNUAL REPORT

1999

SPARKLE-BRITE CORPORATION

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90183 014 \*\*\*150.00

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Principal Place	e of Business	Mailing Address					1 108101	W11#1 1#1#	. 61161 (1609)	)484 <b>0</b> 41 <b>0</b> 1	S.S.I. P.S.	***		
3580 17TH STREET 2107 RIVER RIDGE ROAD														
SARASOTA FL	34235	SARASOTA FL 34239-4222				DO NOT WRITE IN THIS SPACE								
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Suite, Apt.	# atc	Suite, Apt. #, etc.											Additional	٦
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24	9. Name and Address of Current			_					s of New	Regist	tered A	gent		7
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BOS	CARINO, CHARLES			}				1050	griNo	<u>D</u>				_
	S SADDLE CREEK PLACE		<b>82</b>   Stre		ss (P.O	. Box Nur	nber is ا	Not Accept	able)	Ence				
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office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was autho	orized	i by the co	orporatio	n's boar	d of direc	tors. I he	ereby acce	pt the	appoint	ment as re	egistered	
SIGNATURE														
OTOTAL	Signature, typed or printed name of registered agent			Agent signat	ure required					DA				-1 :
12.	OFFICERS AND		13.			AD	DITIONS	/CHANG	SES TO OF	FICE			ORS IN 12 ☐ Additio	_ :
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CITY-ST-ZIP	SARASOTA FL 34241		1.4 CT	TY-ST-ZIP				_						4
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NAME	BOSCARINO, BRUNNA		2.2 NA	WE										
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NAME	MIKE PERRY		3.2 N/	WE										
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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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

941-957-0040