

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96295** (3)
1. Corporation Name
BRIGHT OUTDOORS, INC.

Principal Place of Business NY ROUTE 11 KIRKWOOD NY 13795 US	Mailing Address P.O. BOX 577 BINGHAMTON NY 13902 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/20/1982	
4. FEI Number 59-2210705	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	
GRINER, WARD J 21802 STATE RD. 48 MT. DORA FL 32757	

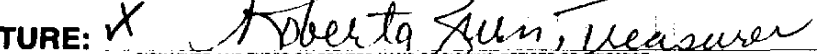
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. NAME	1.1 TITLE	1.2 NAME
NAME	ZURN, ROBERTA	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STREET ADDRESS	2353 FARM TO MARKET ROAD	2.1 TITLE	2.2 NAME
CITY-ST-ZIP	JOHNSON CITY NY	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	2. NAME	3.1 TITLE	3.2 NAME
NAME	S CROWLEY, D.F.	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS	86 KENILWORTH ROAD	4.1 TITLE	4.2 NAME
CITY-ST-ZIP	BINGHAMTON NY	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	5. NAME	5.1 TITLE	5.2 NAME
NAME		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS		6.1 TITLE	6.2 NAME
CITY-ST-ZIP		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
TITLE	6. NAME		
NAME			
STREET ADDRESS			
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.

SIGNATURE:  2-10-98 6077754340

CR2E034 (10/97)