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FILED
Jun 24 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 # H 34305
1. Corporation Name
BRIGHT IMAGE, INC.

Principal Place of Business: 375 N.E. 3RD ST.
DELRAY BEACH, FLORIDA 33483
Mailing Address: 375 N.E. 3RD ST.
DELRAY BEACH, FLORIDA 33483

2. Principal Place of Business: 375 N.E. 3RD ST.
Suite Apt. #, etc.
City & State: DELRAY BEACH, FL.
Zip: 33483 Country: U S
2a. Mailing Address: 375 N.E. 3RD ST.
Suite Apt. #, etc.
City & State: DELRAY BEACH, FL.
Zip: 33483 Country: U S

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified: 12/17/84
4. FEI Number: 59-2484058
Applied For: Not Applicable
5. Certificate of Status Desired: ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees
7. Trust Fund Contribution: ☐
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MR. JAY B. LITTLE
324 CROTON WAY
WEST PALM BEACH, FLORIDA

10. Name and Address of New Registered Agent

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 607.002 and 607.100, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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, Sections 607, Florida Statutes.

SIGNATURE: Jay B. Little Date: 6/10/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	TITLE	DS
NAME	LITTLE, MARK D.	NAME	THOMAS, BRIAN L.
STREET ADDRESS	1220 N. SWINTON AVE.	STREET ADDRESS	313 CORMORANT ROAD
CITY-STATE-ZIP	DELRAY BEACH, FL.	CITY-STATE-ZIP	DELRAY BEACH, FL.
TITLE	DY	TITLE	
NAME	LITTLE, JAY B.	NAME	
STREET ADDRESS	324 CROTON WAY	STREET ADDRESS	
CITY-STATE-ZIP	WEST PALM BEACH, FLORIDA	CITY-STATE-ZIP	
TITLE	DT	TITLE	
NAME	MORRISON, DALE F.	NAME	
STREET ADDRESS	3757 LONG PINE ROAD	STREET ADDRESS	
CITY-STATE-ZIP	DELRAY BEACH, FLORIDA	CITY-STATE-ZIP	
TITLE	DS	TITLE	
NAME	LITTLE, GERALDINE	NAME	
STREET ADDRESS	1800 N.W. 4TH AVE.	STREET ADDRESS	
CITY-STATE-ZIP	DELRAY BEACH, FL.	CITY-STATE-ZIP	
TITLE	AS	TITLE	
NAME	LITTLE, KIM H.	NAME	
STREET ADDRESS	324 CROTON WAY	STREET ADDRESS	
CITY-STATE-ZIP	W. PALM BEACH, FLORIDA	CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

14. I hereby certify that the information appearing on this form is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, or have been or will be so employed, to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. The change of name of agent is not required.

1500002571209
-06/24/98-01065-027
***558.75

SIGNATURE:

SIGNATURE OF OFFICER OR DIRECTOR OR PHOTOCOPY OF SIGNATURE OF OFFICER OR DIRECTOR

6-10-98

561-832-6698

CR2E034 (10/97)