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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

H62525

(1)

DOCUMENT #

1. Corporation Name

BRIGHT MAINTENANCE, INC.

Principal Place of Business Mailing Address									
160 S. UNIVE PLANTATION.	RSITY DRIVE. SUITE A FL 33324	160 S. UNIVERSI PLANTATION. FL		A					
						3. Date incorporated or Qualified 06/18/1985	3a. Date of <b>06/</b> 2	Last Re 28/199	
2. Principal Pla	ce of Business	2a. Mailing Address	3			4, FEI Number 59-2547227		-	pplied For lot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, et	tc.			5. Certificate of Status Desired	_ ·		Additional lequired
City & State		City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Ζιρ <b>24</b>	Country 25	Zip 29	30	ntry			s ∐No	===	199.032,
	<ol><li>Name and Address of Curre</li></ol>	nt Registered Agent				10. Name and Address of New I	Registered Ag	ent	
1418140	001F 111F0 T			<b>81</b> Na	me				
IANNACCONE, JAMES T. 315 S.E. 7TH STREET, SECOND FLOOR				<b>82</b> Str	eet Addre	ddress (P.O. Box Number is Not Acceptable)			
	DERDALE FL 33301	•		83					
				<b>84</b> Cit	y			<b>85</b> Zip	Code
					•		FL		a stored office
or registere	o the provisions of Sections 607.050 ad agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was au	thorized by the c	ve-name orporati	o corpora on's board	tion submits this statement for the pu l of directors. I hereby accept the app	rpose of charig xointment as reg	gistered	agent. I am
SIGNATURE _	Signature, typed or printed name of registered ager	and title if annicable	(NOTE: Rogistered	Agent sign:	ture required	when reinstaling)	DATE	<del></del>	
12.		ID DIRECTORS	13.	- Marie Conference	- Contraction	ADDITIONS/CHANGES TO OF		RECTO	RS IN 12
TITLE	PV	DELETE	1.17	TLE				Change	☐ Addition
NAME	CASTAGNA, GEMMA		1.2 NA	ME					
STREET ADDRESS	160 S UNIVERSITY DR #A		1.3 \$1	1.3 STREET ADDRESS					
CITY-ST-ZIP	PLANTATION FL	T OFFETT		TY - ST - ZIP				Change	Addition
TITLE		☐ DELETE					u	Ullange	L) Addition
NAME			22 N/	ame Iree ( addr	ree				
STHEET ADDRESS CITY-ST-ZIP				TY-ST-ZIP	- 1				
TITLE		☐ DELETE						Change	Addition
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STREET ADDRESS			33.S	TREET ADD	RESS				
CITY - ST - ZIP			3.4 CI	TY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		
TITLE		DELETH	4.1T	ITLE				Change	Addition
NAME			4.2 N	AME					
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CITY-ST-ZIP				TY-ST-ZIP				0.	P=9 4 4 101
TITLE		☐ DELET						Change	Addition
NAME			5.2 N						
STREET ADDRESS				TREET ADDR	1				'
CITY-S1-ZIP		["] DELET		17Y-ST-ZIP	<del>'</del>			Change	Addition
TITLE		DELET					U	CHAINE	- Mondon
NAME			62 N						
STREET ADORESS				TREET ADDI ITV - 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 119.07(3)(k), Fiorida 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 endress.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

04-20-86(305) C

Daytime Phone #

174-00

CR2E034 (12/95)