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95 MAY -1 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K58640**

(9)

1. Corporation Name

BRIGHT OUTLOOK, INC.

Principal Place of Business

7100 PINES BLVD.
PEMBROKE PINES FL 33024
US

Mailing Address

10450 N.W. 19TH ST.
PEMBROKE PINES FL 33026
US

100001490241
-05/17/95--01028--021
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/06/1989

3a. Date of Last Report
04/13/1994

4. FEI Number
65-0093922

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

24

Zip

Country

2a. Mailing Address

26

P.O. Box 8103

27

State, Apt. #, etc.

28

City & State

29

Zip

Country

Pembroke Pines, Fla

33084

Broward

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

ZACK, ELLIOTT NOEL
1367 NE 162 ST
N MIAMI BEACH FL 33162

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

(Signature typed or printed name of registered agent and date of application)

(NOTE: Registered Agent signature required when vacating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

FEINGOLD, BRIAN A.

STREET ADDRESS

10450 NW 19 ST

CITY - ST - ZIP

PEMBROKE PINES FL

TITLE

D

NAME

FEINGOLD, LESLEY H

STREET ADDRESS

10450 NW 19 ST

CITY - ST - ZIP

PEMBROKE PINES FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

P Feingold, Brian A. ☒ Change ☐ Addition
P.O. Box 8103 ("N/A")
Pembroke Pines, Fla 33084

VP Feingold, Lesley H. ☒ Change ☐ Addition
P.O. Box 8103 ("N/A")
Pembroke Pines, Fla 33084

488
5/12/95

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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/95

964-9041