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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
P.O. BOX 8103
PEMBROKE PINES FL 33084

Mailing Address
P.O. BOX 8103
PEMBROKE PINES FL 33084



3. Date Incorporated or Qualified 01/06/1989
3a. Date of Last Report 04/08/1996

2. Principal Place of Business
21 P.O. Box 260236
Suite, Apt. #, etc.
22
City & State
23 Pembroke Pines, Florida
Zip Country
24 33026 25 N/A
2a. Mailing Address
26 P.O. Box 260236
Suite, Apt. #, etc.
27
City & State
28 Pembroke Pines, Florida
Zip Country
29 33026 30 N/A

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

9. Name and Address of Current Registered Agent

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

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 607.0502 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--------|
| TITLE | P | DELETE |
| NAME | FEINGOLD, BRIAN A. | |
| STREET ADDRESS | P. O. BOX 8103 "N/A" | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33084 | |
| TITLE | PV | DELETE |
| NAME | FEINGOLD, LESLEY H. | |
| STREET ADDRESS | P. O. BOX 8103 "N/A" | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33084 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|--------------------|--------------------------|--------|----------|
| 1.1 TITLE | P | Change | Addition |
| 1.2 NAME | FEINGOLD, Brian A. | | |
| 1.3 STREET ADDRESS | P.O. Box 260236 "N/A" | | |
| 1.4 CITY-ST-ZIP | Pembroke Pines, FL 33026 | | |
| 2.1 TITLE | PV | Change | Addition |
| 2.2 NAME | Feingold, Lesley H. | | |
| 2.3 STREET ADDRESS | P.O. Box 260236 "N/A" | | |
| 2.4 CITY-ST-ZIP | Pembroke Pines, FL 33026 | | |
| 3.1 TITLE | | Change | Addition |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | Change | Addition |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | Change | Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | Change | Addition |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]

4/7/97 (954) 463-5073

CR2E034 (9/96)