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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name L16457

(8)

BRIGH	IT BEGINNINGS PRE-SCH	OOL, INC.			
Principal Place of Business % KAREN J. HATTAWAY		Mairing Address % KAREN J. HATTAWAY			
1415 10TH STREET WEST 1415 10TH STREET WEST PALMETTO FL 34221 PALMETTO FL 34221					
				 Date Incorporated or Qualified 09/18/1989 	3a. Date of Last Report 03/03/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0143496	Applied For Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	·	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability fo	
	9. Name and Address of Curre		1301	10. Name and Address of New	
			81 Name	10. 744.00 07.761	nogostorea Agent
Hattaway, Karen J. 1415 10th Street West			82 Street Ack	dress (P.O. Box Number is Not Accepta	able)
	TO FL 34221		83		
			84 City		85 Zip Code
ULTEGISTER	o the provisions of Sections 607.050 ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	nua. Such change was authorize	s, the above-named corpord by the corporation's box	oration submits this statement for the pa ard of directors. I hereby accept the ap	urpose of changing its registered office pointment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered age	of and Pile if a Facility in the Control of the Con			
12.		ND DIRECTORS	E: Registered Agent signature requirement 13.		DATE
TOLE	DP	DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition
NAME	HATTAWAY, KAREN J.	_	1.2 NAME		
STREET ADDRESS	6144 28TH AVE. EAST		1.3 STREET ADDRESS		
CHTY-ST-ZIP	PALMETTO FL		· ·		
TITLE	D	DELETE	1.4 CHY-ST-ZIP 2 1 TITLE		Change Addition
NAME	HATTAWAY, JAMES E.		2 2 NAME		
STREET ADDRESS	6144 28TH AVE. EAST		2.3 STREET ADDRESS		
City St ZIP	PALMETTO FL		2.4 CHTY-ST-ZIP		
TITLE		DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME		_	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY+ST-ZIP			3 4 CITY - ST - 2IF		
TITLE		☐ DELE1E	4. 1 TITLE		☐ Change ☐ Addition
NAME.			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHTY - ST - ZIP			4.4 CITY - ST - ZIP		
THILE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		_ , _
STREE! ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
1ITLE		☐ DELETE	6. 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY CT 7ID					

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), 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 cath; 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 attackment with an address.

SIGNATURE:

May Karen J. Mattaway 4-23-96 941 72> 8898
OFFICIA OF DETERMINE PROPER