FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

2a. Mailing Address 26 4427 Del Prado Blud

1999 DOCUMENT # N9800002142

Corporation Name

BRIGHTEN THE CORNER, INC.

Principal Place of Business 1714 CAPE CORAL PARKWAY

2. Principal Place of Business

CAPE CORAL FL 33904

Suite Ant # etc.

21

Mailing Address

1714 CAPE CORAL PARKWAY CAPE CORAL FL 33904

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90042 015 ****61.25



3. Date Incorporated or Qualifed

04/13/1998

4. FEI Number



Applied For

		27	-			59-3565 99	7.3	Not	Applicable
City & Stat	te	City & Sta	ite .					\$8.75 A	dditional
¬ ′		28 CADO	2 Carri	ı, F		5. Certifcate of Status Desired		Fee Rec	
Zip Zip	Country	Zip		Country		6. Election Campaign Financing		\$5.00	May Be
	25	29 339	70 4 30	1 -		Trust Fund Contribution		Added to	
9. Name and Address of Current Registered Agent						10. Name and Address of New	Registered A	gent	
·	The state of the s	<u></u>	··	81	Name				
DOOGA BIOLLADD V							L-L1-X		
ROOSA, RICHARD V				82	Street Add	dress (P.O. Box Number is Not Accept	table)		
1714 CAPE CORAL PARKWAY				83					
CAPE CO)RAL FL 33904								
				84	City		F١	85 Zip C	ode
		00 1043 4500 5		46		poration cultails this statement for the		changing its i	registered
11. Pursuant	to the provisions of Sections 617.050 registered agent, or both, in the State	J2 and 617.1508, FI of Florida. Such ch	onda Statutes, lande was autho	tne above orized by	e-named cor the corporat	poration submits this statement for the tion is board of directors. I hereby acception	ept the appoin	ntment as reg	istered
agent. I a	am familiar with, and accept the obliga	ations of, Section 61	17.0503, Florida	Statutes		•	•		
SIGNATURE									
	Signature, typed or printed name of registered age		(NOTE: Reg	,-	nt signatura requi	red when reinstating) ADDITIONS/CHANGES TO O	DATE EFICEDS ANI	D DIRECTOI	2S IN 12
12.	OFFICERS AN	ND DIRECTORS	1 per eve	13.				Change	X Addition
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NAME				1.2 NAME		JOHN R. HUNT PA	Fac A G		
STREET ADDRESS	s[1.3 STREET	TADORESS /	201 EVERGIT PAR	2024		
CITY-ST-ZIP				1.4 CITY-S	1-ZIP I	CA-02 CO/~/ /	-, .		***
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NAME				2.2 NAME		Louis N. Tilley	14 1 .		
STREET ADDRESS	s			2.3 STREET	T ADDRESS	1663 Edith Exp			
CITY-ST-ZIP				2. 4 CITY-S	ST-ZIP	CAPE COMI, FL 3	3904		
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	•	L		3.1 TITLE 3.2 NAME		Secretary / Direct	4.		
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or pripan attachment with an address, with all other like empowered.

SIGNATURE:

SICOSATURE PEULOPED LOUIS N T. 11e y 4/20/99 (941) 542-5719
REF AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(11130)