


FILE NOW: FILING FEE IS \$61.25

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May 03, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N98000002142</b>					
1. Corporation Name <b>BRIGHTEN THE CORNER, INC.</b>					
Principal Place of Business 1714 CAPE CORAL PARKWAY CAPE CORAL FL 33904			Mailing Address 1714 CAPE CORAL PARKWAY CAPE CORAL FL 33904		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 4427 Del Prado Blvd		04/13/1998	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 Cape Coral, FL		59-3565 995	
24 Country		29 33904		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROOSA, RICHARD V 1714 CAPE CORAL PARKWAY CAPE CORAL FL 33904				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE				1.1 TITLE			
NAME				1.2 NAME			
STREET ADDRESS				1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE				2.1 TITLE			
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE				3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Louis N. Tilley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Louis N. Tilley 4/22/99 (941) 542-5719

Date

Daytime Phone #

CR2E037 (11/98)