

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

WEDNESDAY,
APRIL 26, 1995
1995



FLORIDA
DEPARTMENT OF STATE
REGISTRATION
DIVISION
RECEIVED
APR 26 1995
10:41 AM
1995

DOCUMENT # P93000014082 (0)

BRIGHTWELL PHOTOGRAPHY, INC.

1. Name and Address:

10406 OJUS DRIVE
TAMPA FL 33617

2. Name and Address:

10406 OJUS DRIVE
TAMPA FL 33617

21. Corporation

25. Partnership

22. Limited Partnership

26. Sole Proprietorship

23. Joint Venture

27. Other

24. Foreign Corporation

28. Other

9. Name and Address of Current Registered Agent

BRIGHTWELL, LORI
10406 OJUS DRIVE
TAMPA FL 33617

3. Date of Incorporation or Organization	4. Date of Last Report	5. Date of Last Filing
02/24/1993	04/26/1994	\$8.75 Additional Fee Required
6. Tax Exempt Organization Trust Fund Contribution	\$5.00 May Be Added to Fees	
7. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent		
81. Name	82. Street Address, P.O. Box Number Not Acceptable	83.
84. City	85. State	

11. I, the undersigned, officer of the corporation, and/or, if applicable, registered agent, certify that the statement for the purpose of changing the registered office or principal place of business in the state of Florida has changed with authority by the appropriate board of directors. I hereby accept the appointment as registered agent for the purpose and place of business stated above in accordance with Florida Statutes.

Signature:

12.	13.	14.	15.
DP	1. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
BRIGHTWELL, LORI 10406 OJUS DRIVE TAMPA FL	2. ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DV	3. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
BRIGHTWELL, RUTH 311 DRUID HILLS RD. TEMPLE TERRACE FL 33617	4. ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	5. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	6. ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	7. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	8. ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	9. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	10. ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	11. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	12. ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	13. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	14. ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	15. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	16. ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

16. I declare, under penalty of perjury, that the information supplied with the filing is accurately furnished and does not conflict with the record(s) maintained in my name in the Florida Division of Business Corporations, and that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as a handwritten original. I also declare that the information contained in this report is prepared by a duly authorized officer of the corporation and is signed in its behalf with my address.

SIGNATURE: *Lori Brightwell* Lori Brightwell (pres.) 5-2-95 (813)988-1518
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR