

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:38

DOCUMENT # P93000029628 (3)

1. Corporation Name

BRIGHT LIGHT, INC.

Principal Place of Business

1411 SW 12TH AVE. STE D
POMPANO BCH FL 33069
US

Mailing Address

1411 SW 12TH AVE. STE D
POMPANO BCH FL 33069
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/21/1993

3a. Date of Last Report

02/15/1994

4. FEI Number

65-0401500

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 files liability for interjurisdictional tax under S. 195.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

~~FLAXMAN, EDWARD~~
~~8339 W MCRAE RD~~
~~TAMARAC FL 33321~~

10. Name and Address of New Registered Agent

81 Name

FRED WESTERVELD

82 Street Address (P.O. Box Number is Not Acceptable)

1411 SW 12 AVE #D

83

84 City

POMPANO BCH

FL

85 Zip Code

33069

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 FRED WESTERVELD

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PSTD~~
NAME ~~WESTERVELD, FREDDY~~
STREET ADDRESS ~~MAURITSSTRAAT 47, 4132 GC-VIANEN~~
CITY - ST - ZIP ~~THE NETHERLANDS~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~PSTD~~ ☐ Change ☐ Addition
1.2 NAME ~~FRED WESTERVELD~~
1.3 STREET ADDRESS ~~1411 SW 12 AVE #D~~
1.4 CITY - ST - ZIP ~~POMPANO BCH FL 33069~~

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
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3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

MAY 1 95

Date

(Anytime After 8