FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000029628 (3)**

1. Corporation Name

BRIGHT LIGHT, INC.

Principal Place of Business	Mailing Address
~~1411 SW 12TH AVE. STE D~~ ~~POMPANO BCH FL 33069~~ ~~US~~	~~1411 SW 12TH AVE. STE D~~ ~~POMPANO BCH FL 33069~~ ~~US~~

3. Date Incorporated or Qualified	3a. Date of Last Report
04/21/1993	05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 1275 Bennett DR.	26 1275 Bennett DR.
Suite, Apt. #, etc 22 #102	Suite, Apt. #, etc 27 #102
City & State 23 Longwood, FL.	City & State 28 Longwood, FL.
Zip / Country 24 32750 / 25 Seminole	Zip / Country 29 32750 / 30 Seminole

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WESTERVELD, FRED
~~1411 S W 12 AVE #D~~
~~POMPANO BEACH FL 33069~~

10. Name and Address of New Registered Agent

81 Name: WESTERVELD, FRED
82 Street Address (P.O. Box Number is Not Acceptable): 1275 BENNETT DR., #102
83
84 City: Longwood **FL** 85 Zip Code: 32750

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☒ Change ☐ Addition
TITLE	PSTD		1.1 TITLE	PSTD	
NAME	WESTERVELD, FRED		1.2 NAME	WESTERVELD, FRED	
STREET ADDRESS	~~MAURITSSTRAAT 47, 4132 GG VIANEN~~		1.3 STREET ADDRESS	1275 BENNETT DR. #102	
CITY-ST-ZIP	~~THE NETHERLANDS~~		1.4 CITY-ST-ZIP	LONGWOOD, FL. 32750	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-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-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ MARCH 24 407-331-5538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)