

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000013952 (4)**

1. Corporation Name
BRIGHT & CHIMERA, P.A.



Principal Place of Business 29 N.E. 4TH AVE. DELRAY BEACH FL 33483	Mailing Address 29 N.E. 4TH AVE. DELRAY BEACH FL 33483
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 135 S.E. 5th Avenue Suite, Apt. #, etc. 22 Suite 200 City & State 23 Delray Beach FL Zip 24 33483		2a. Mailing Address 26 135 S.E. 5th Avenue Suite, Apt. #, etc. 27 Suite 200 City & State 28 Delray Beach FL Zip 29 33483		3. Date Incorporated or Qualified 02/18/1994	
3. Date Incorporated or Qualified 02/18/1994		4. FEI Number 65-0468211		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BRIGHT, REEVE 29 NE 4TH DELRAY BEACH FL 33483				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 135 S.E. 5th Avenue 83 Suite 200 84 Delray Beach FL 85 Zip Code 33483	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PS	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRIGHT, REEVE J.			1.2 NAME			
STREET ADDRESS	29 N.E. 4TH AVENUE			1.3 STREET ADDRESS	135 S.E. 5th Avenue, Suite 200		
CITY-ST-ZIP	DELRAY BEACH FL			1.4 CITY-ST-ZIP	Delray Beach, FL 33483		
TITLE	VPT	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHIMERA, CATHY			2.2 NAME			
STREET ADDRESS	29 NE 4TH AVENUE			2.3 STREET ADDRESS	135 S.E. 5th Avenue Suite 200		
CITY-ST-ZIP	DELRAY BEACH FL			2.4 CITY-ST-ZIP	Delray Beach, FL 33483		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)