

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90010 036 ***550.00

DOCUMENT # **P94000013952**

Corporation Name

BRIGHT & CHIMERA, P.A.



Principal Place of Business

**35 S E 5TH AVE
SUITE 200
DELRAY BEACH FL 33483**

Mailing Address

**135 S E 5TH AVE
SUITE 200
DELRAY BEACH FL 33483
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1994

Principal Place of Business

SAME

2a. Mailing Address

26 135 S E 5 AVE

4. FEI Number

65-0468211

Applied For

Not Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BRIGHT, REEVE
135 SE 5TH AVE SUITE 200
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

1. 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 **J. REEVE BRIGHT**

(NOTE: Registered Agent signature required when reinstating)

DATE

7-6-99.

2. OFFICERS AND DIRECTORS

FILE ☐ DELETE
NAME **PS BRIGHT, REEVE J.**
REET ADDRESS **135 SE 5TH AVE SUITE 200**
TY-ST-ZIP **DELRAY BEACH FL 33483**

FILE ☐ DELETE
NAME **VPT CHIMERA, CATHY**
REET ADDRESS **135 S E 5TH AVE SUITE 200**
TY-ST-ZIP **DELRAY BEACH FL 33483**

FILE ☐ DELETE
NAME
REET ADDRESS
TY-ST-ZIP

FILE ☐ DELETE
NAME
REET ADDRESS
TY-ST-ZIP

FILE ☐ DELETE
NAME
REET ADDRESS
TY-ST-ZIP

FILE ☐ DELETE
NAME
REET ADDRESS
TY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

4. 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.

SIGNATURE:

J. REEVE BRIGHT

PS

7-6-99

(561) 278-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)