

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

FILED

Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P94000028030 (2)**

1. Corporation Name
BRIGHTON PARTNERS, INC.

Principal Place of Business 2110 HARBOURSIDE DRIVE 552 LONGBOAT KEY FL 34228 US	Mailing Address 2110 HARBOURSIDE DRIVE 552 LONGBOAT KEY FL 34228-4259 US
---	--



2. Principal Place of Business 21 1109 Tallevast Rd Suite, Apt. #, etc. 22 City & State 23 Sarasota FL Zip 24 34243 Country 25 US	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 04/11/1994	3a. Date of Last Report 04/18/1996
		4. FEI Number 65-0498306	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"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BURSTEIN, ALBERT H 2110 HARBOURSIDE DRIVE SUITE 552 LONGBOAT KEY FL 34228	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
---	--

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 _____ (Signature, typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME OLDERMAN, DAVID		1.2 NAME LI, Stephen	
STREET ADDRESS 40 COUNTRY ROAD		1.3 STREET ADDRESS 20 Banff Drive	
CITY-ST-ZIP VILLAGE OF GOLF FL 33435		1.4 CITY-ST-ZIP Lawrenceville N.J. 08648	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURSTEIN, ALBERT H		2.2 NAME	
STREET ADDRESS 2110 HARBOURSIDE DRIVE, UNIT 552		2.3 STREET ADDRESS	
CITY-ST-ZIP LONGBOAT KEY FL		2.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURSTEIN, MYRA		3.2 NAME	
STREET ADDRESS P. O. BOX 425		3.3 STREET ADDRESS	
CITY-ST-ZIP CHILMARK MA		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Jeffrey R. Burstein	
STREET ADDRESS		4.3 STREET ADDRESS 2110 Harbourside Drive Unit 552	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Longboat Key FL 34228	
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 do 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: Albert Burstein **Albert H Burstein 2/19/97 941 383 4708**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)