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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500000078 (2)

BRIGHT WATER PLACE, INC.

FILED Feb 25 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address			3 (DOLEGNI, ESO FREGO OTTES ONNES MON	II EE(II ODAIN OBINI ODIN EDNII IOSOI IBII IBBI
200 E ROBINSON ST SUITE 500 ORLANDO FL 32801		200 E ROBINSON ST SUITE 500 ORLANDO FL 32801		DO NOT W	RITE IN THIS SPACE	
					3. Date Incorporated or Qualifi	ed
B Dringing D	and of Suringer	2a. Mailing Address			01/03/1995 4. FEI Number	
2. Principal Place of Business		26. Walling Address		Į.	Applied For Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc			59-3370259	SR 75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State)	City & State			6. Election Campaign Financin	9 \$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip tutj	Countr	У	· · · · · · · · · · · · · · · · · · ·	s paid the current year Intangible
24	25 g. Name and Address of Current	29 Registered Agent	30		Personal Property Tax due J 10. Name and Address of New	
			81	Name		Trogressor Agont
FLORIDA CORPORATE SUPPORT, INC. 200 E ROBINSON ST			_	BB Chart Address (DO Day Newborks in Not Assault May		
	TE 500		82	Street	Address (P.O. Box Number is Not Acce	ріавіе)
	ANDO FL 32801		83			, , , , , , , , , , , , , , , , , , ,
• • • • • • • • • • • • • • • • • • • •			84	City		85 Zip Code
			"	J,		FL E E E E E E E E E
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obliga	ol Florida. Such change was a	uthorized b	y the corp	d corporation submits this statement for transfer to corporation's board of directors. I hereby a	he purpose of changing its registered ccept the appointment as registered
SIGNATURE						
12.	Signature typed or pointed name of registeric Gajesi OFFICERS AND		Registered Ag	ent signature	o required when reinstating) ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12
TITLE	PSD	DELETE	1.1 JITLE		ADDITIONS/CHANGES TO O	Change Addition
NAME	GROENENDIJK, PETER J		1.2 NAME			
STREET ADDRESS	P O BOX 430401 N/A		1.3 STREE	T ADDRESS		
CITY - ST - ZIP	KISSIMMEE FL 34743		1.4 CITY-	\$1- ZIP	1	
TITLE	VPD	☐ DELETE	2.1 TITLE		V/D	Change Addition
NAME	Groenendijk, anneliese		2.2 NAME		-	
STREET ADDRESS	P.O BOX 430401 N/A		2 3 STREE	I ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		2. 4 CITY	ST-ZIP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADORESS				1 ADDRESS		
CITY-ST-ZIP TITLE	<u>·</u>	DELETE	3.4. CITY -	S1-ZIP		Change Addition
NAME			4. 2 NAME		1	
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			4.4 CITY -			
TITLE		DE LE TE	5.1 TITLE	41-ED		Change Addition
NAME			5.2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		DELETE	6 1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY -	ST-ZIP		

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information if report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in