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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000018721**1. Corporation Name

BRIGHT STEP, INC.

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90015 030 ***150.00



Principal Place	e of Business	Mailing Address					
6115 NW 153RD ST		6115 NW 153RD ST	6115 NW 153RD ST		•	2	
MIAMI LAKES FL 33014		MIAMI LAKES FL 33	014		DO NOT WRITE IN THIS SPACE		
	•				<u> </u>	PACE _	
	*	•			3. Date Incorporated or Qualifed 03/08/1995		
2. Principal Pl	lace of Business	2a. Mailing Address	3		4. FEI Number	App	olied For
21		26			65-0645513		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	c.		5. Certifcate of Status Desired	\$8.75 A	
22		27			J. Continues of Status Dooring	Fee Red	quired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	
23	<u>.</u>	28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year Inta		
24	25)	29	30		Ciscilar reporty run.		□No
<u>-:1</u>	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Registered A	gent	
				81 Name			
	OS, PAUL			82 Street /	Address (P.O. Box Number is Not Acceptable)		
6115	5 NW 153RD STREET		62 3		. No hard a second to the second second	<u> </u>	#7 255 7874
MIAN	MI LAKES FL 33014			83		13:14	
				24 27	Carrie Carrier San San Carrier Contraction	85 Zip C	ode
	•			84 City	FL	85 Zip C	2009
44 Durewort	to the provisions of Sections 607 (1502 and 607 1508. Florida	Statutes, the a	pove-named	corporation submits this statement for the purpose of c	hanging its	registered
-65-00-00-	registered agent or both in the Sta	STE OF FLORIDA SUCH CHANGE	was authorized	LDV ME COIDC	pration's board of directors. I hereby accept the appoint	tment as reg	gistered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.050	J5, Florida Stati	nes.			ļ
SIGNATURE		Addite if conlingble	(NOTE: Pegistered	Agent signature re	equired when reinstating) DATE		 -
	Signature, typed or printed name of registered			Agent signature re		D DIRECTO	RS IN 12
12.	OFFICERS	AND DIRECTORS	13.		equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
12.	OFFICERS D		13. ETE 1.1 TI	n.e			
12. TITLE NAME	OFFICERS D ROOS, PAUL	AND DIRECTORS	13. ETE 1.1 TI 1.2 NV	n.e Ame			
12. TITLE NAME STREET ADDRESS	OFFICERS D ROOS, PAUL 6115 NW 153RD ST	AND DIRECTORS	13. ETE 1.1 T/ 1.2 N/ 1.3 S/	T.E AME REET ADDRESS			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS D ROOS, PAUL	AND DIRECTORS ☐ DELI	13. ETE 1.1 T/ 1.2 N/ 1.3 S1 1.4 C/	TLE AME REET ADDRESS TY-ST-ZIP			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS D ROOS, PAUL 6115 NW 153RD ST	AND DIRECTORS	13. ETE 1.1 IV 12.NV 1.3 SI 1.4 CI ETE 2.1 Π	TLE AME REET ADDRESS TY-ST-ZIP TLE		Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS D ROOS, PAUL 6115 NW 153RD ST	AND DIRECTORS ☐ DELI	13. ETE 1.1 TI 1.2 NI 1.3 SI 1.4 CI 2.1 TI 2.2 NI	T.E TREET ADDRESS TY-ST-ZIP TLE		Change	Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D ROOS, PAUL 6115 NW 153RD ST MIAMI LAKES FL 33014	AND DIRECTORS DELI DELI	13. ETE 1.1 TI 12 NV 13 ST 14 CI 22 NV 23 ST 2.4 C ETE 3.1 TI 32 NV 3.3 ST 3.4 .C ETE 4.1 TI 4.2 NV 4.3 ST 4.4 CI	T.E MME REET ADDRESS TY-ST-ZIP T.E MME REET ADDRESS ITY-ST-ZIP T.E MME REET ADDRESS ITY-ST-ZIP T.E AME REET ADDRESS TY-ST-ZIP T.E AME REET ADDRESS TY-ST-ZIP T.E		☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS D ROOS, PAUL 6115 NW 153RD ST MIAMI LAKES FL 33014	AND DIRECTORS DELI DELI	13. ETE 1.1 TI 12 NV 13 ST 14 CI 22 NV 23 ST 2.4 C ETE 3.1 TI 32 NV 3.3 ST 3.4 C ETE 4.1 TI 4.2 N 4.3 ST 4.4 CI ETE 5.1 TI 52 N	T.E MME REET ADDRESS TY-ST-ZIP T.E MME REET ADDRESS ITY-ST-ZIP T.E MME REET ADDRESS ITY-ST-ZIP T.E AME REET ADDRESS TY-ST-ZIP T.E AME REET ADDRESS TY-ST-ZIP T.E		☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
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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 of 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, with all other like empowered.

6.3 STREET ADDRESS

1/14/99

305-557-1020