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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000074190 (6)

BRIGHT VENTURES, INC.

Principal Place of Business		Mailing Address				f endititit: tid imias meile datte Maise dater Amite anne anget eine bases gats ennt			
8740 54TH A BRADENTON	venue. East Fl 34202	8740 54TH AVENUE, EAST Bradenton FL 34202-3704							
						3. Date Incorporated or Qualified 10/01/1995		ate of Last 01/1996	Report
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number	•	P	Applied For
21		26				65-0615078			ot Applicable
Suite, Ap	DL#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		+	Additional Required
City & St	tate	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Co	untry		8. This corporation has liability for	intangible	tax under	s. 199.032.
24	25	29	30				Yes	No	,
: ·I	g, Name and Address of Curre			T		10. Name and Address of New R	gistered	Agent	
HII	NES, CHARLES F ESQ.			81	Name				
	101 AVENIDA DEL CIRCO			1-3					
	NICE FL 34284			B2	Street Add	Iress (P.O. Box Number is Not Accepta	Die)		
VC.	THICE PL 34204			83					
				"					
				84	City		P= 1	85 Zic	Code
						poration submits this statement for the	<u>FL</u>	<u> </u>	
SIGNATURI	E Signature: typed or profed name of registered as	gent and little if applicable	(NOTE Register	red Age	nt signature requ	ired when reinstating)	DATE		
12.	OFFICERS AT	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	D	☐ DELETE	1.1	TITLE	Į			[_] Change	Addition
NAME	BRIGHT, P. BLAISE		1.2	NAME	1				
STREET ADDRES	8740 54TH AVENUE, EAST		1.3 (STREET	ADDRESS				
CITY-ST-ZIP	BRADENTON FL 34202		1.4 (CITY - ST	T-ZIP				
TITLE	D	DELFTE		TITLE				Change	Additio
NAM5	BRIGHT, ELIZABETH		221	NAME	Ì			-	
STREET ADDRES	ARIA CARL ALEMINE PART		I		ADORESS				
CITY-ST-ZIP	BRADENTON FL			CITY-S	· · · · · · · · · · · · · · · · · · ·	-	r		
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	20		I		ADDRESS				
STREET ADDRES	00								
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NAME				NAME					
STREET ADDRES	SS				ADDRESS				
CITY-ST-ZIP				CITY-S	T-ZIP				
TITLE		DELETE	51	TITLE				Change	Additio
NAME			5.2	NAME					

64 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 poreocation or the receiver or if stee epipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

DITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTO

DELETE

Date

Daytime Phone #

Change

Addition

FILED

Jan 27 1997 8:00am

Secretary of State