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Feb 14 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 # P96000029427 (7)

1. Corporation Name

BRIGHT IMAGINATIONS LEARNING CENTER, INC.



Principal Place of Business

Mailing Address

6155 FLORIDA AVE., S. SUITE 14
LAKELAND FL 33813

6155 FLORIDA AVE., S. SUITE 14
LAKELAND FL 33813-3323

3. Date Incorporated or Qualified

03/29/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

4. FEI Number

59-3367809

Applied For

Not Applicable

22 City & State

27 City & State

6. Certificate of Status Desired

\$8.75 Additional

Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROMA, CRAIG

6155 FLORIDA AVE., S. SUITE 14
LAKELAND FL 33813

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME ROMA, CRAIG
STREET ADDRESS 1051 NW 185TH AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33029

1.1 TITLE P
1.2 NAME ROMA, CRAIG
1.3 STREET ADDRESS 1424 TOMAHAWK TRAIL
1.4 CITY-ST-ZIP LAKELAND FL 33813

TITLE ST
NAME BUMBERA, DENISE E
STREET ADDRESS 1051 NW 185TH AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33029

2.1 TITLE ST
2.2 NAME ROMA, DENISE
2.3 STREET ADDRESS 1424 TOMAHAWK TRAIL
2.4 CITY-ST-ZIP LAKELAND FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Craig Roma
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DFI

2/5/97

941-648-0336

Date

Daytime Phone #

CR2E034 (9/96)