

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 JUL 28 AM 10:41

DOCUMENT # PA16000061305  
1. Corporation Name  
Shining Brite, Inc.

Principal Place of Business: 2595 10th. St. Sara, Fl. 34237  
Mailing Address: 2595 10th. St. Sara. Fl. 34237

3. Date Incorporated or Qualified  
3a. Date of Last Report

2. Principal Place of Business 21 <u>2595 10th St.</u> Suite, Apt #, etc.	2a. Mailing Address 26 <u>2595 10th. St.</u> Suite, Apt #, etc.	4. FEI Number <u>65-0684578</u> Applied for or Not Applicable
22 City & State <u>Sarasota Fl.</u>	27 City & State <u>Sarasota Fl.</u>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23 Zip <u>34237</u> Country	29 Zip <u>34237</u> Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
Pamela Troyer  
7543 N. Leewyn Dr.  
Sara, Fl. 34240

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<u>Director</u>	<input type="checkbox"/> DELETE
NAME	<u>Kim Farmwald</u>	
STREET ADDRESS	<u>2595 10th. St.</u>	
CITY - ST - ZIP	<u>Sarasota Fl. 34237</u>	
TITLE	<u>Director</u>	<input type="checkbox"/> DELETE
NAME	<u>John Paul Farmwald</u>	
STREET ADDRESS	<u>2595 10th. St.</u>	
CITY - ST - ZIP	<u>Sarasota Fl. 34237</u>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<u>600002254296</u>
33 STREET ADDRESS	<u>-07/31/97--01096--015</u>
34 CITY - ST - ZIP	<u>***165.00 ***165.00</u>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 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: Kim Farmwald Date: June - 13 - 97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)