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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Northam

Secretary of State

**DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000099238 (3)

HI BRIGHT INC.

	Business

Mailing Address

2827 36TH AVENUE NORTH

FILED						
Jun 19 1997 8:00am						
Secretary of State						

4 PB#4488  0 # FBITO	I ACHIO BOILL BEILL O	POCIA ODIAO 18110	(2)(0 1)707	EREBE INN ANDL

ST. PETERSBUR	RG FL 33713	ST. PETERSBURG FL 33713-	1610		
				3. Date Incorporated or Qualified 12/05/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a, Mailing Address	CTh au A	4. FEI Number	Applied For
21 282		26 2827 3	o pu. 1	59-3418750	Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	PRIERSBURG FL	28 ST. PETER	SBURG F	4. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
zip 337	13 25 Country SA		country SA		Yes No
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current	Registered Agent	-   -	10. Name and Address of New Re	gistered Agent
	AL, DOROTA		81 Name	KARIAN LANON	
	49TH STREET NORTH		82 Street	Address (P.O. Box Number is Not Adceptab	le)
	E 406-5		83	61 3614 BU. N	
PINE	LLAS PARK FL 33782		65		
			84 City	1. POSTOCALL	FI 85 70509 3
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named	corporation submits this statement for the p	urpose of changing its registered
office or r	egistered agent, or both, in the State o	f Florida. Such change was au ions of Section 607,0505. Flori	thorized by the corp ida Statutes.	poration's board of directors. I hereby accept	of the appointment as registered
SIGNATURE	Mosson hollor -	PORSEDENT			3 JUNE 97
	Signature, typed of printed name of registered agent		Registered Agent signature	required when re-instating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
TITLE	DIRECTOR /PR	LESTOENT LI DELETE	1.1 TITLE	Manage Consultant VALENTIN A. KODOV 5743 1844 WAY S APT	L_1 Change <b>BQ</b> ) Addition
NAME	MIN IN TOTAL	)	1.2 NAME 1.3 STREET ADDRESS	VALENTIN H. KOOUV	- F
STREET ADDRESS CITY-ST-ZIP	5 0 - 5 50.00	Fr. 337/3	1.4 City-ST-ZIP	ST PETERSBURG FL	227/2
TITLE	St. WELLY SIDER	DELETE	2.1 TITLE	T/S	Change Addition
NAME			2.2 NAME	JAN E KODOV	-
STREET ADDRESS			2.3 STREET ADDRESS	5743 1844 WAY S APT	<i>=</i>
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	ST PETERSBURG, FL 33	
TITLE		☐ DELĒTE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		į
CITY-ST-ZIP		☐ DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE NAME		☐ DETEIT	4.1 TITLE		Er change
STREET ADDRESS			4 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		—	5.2 NAME		a kw. %
STREET ADDRESS			5.3 STREET ADDRESS		L. Ya.
CITY-ST-ZIP			5.4 CHTY-ST-ZIP		6
TITLE		DELETE	6.1 1IILE		Change Addition
NAME			6.2 NAME		ار
STREET ADDRESS			6.3 STREET ADDRESS		Ada dep 365.
CITY-ST-ZIP			6.4 CITY - ST - ZIP		rac dep 165.

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 eath; 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:

SIGNATURE: