


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

FILED  
Jul 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>PG6000099532</u> 1. Corporation Name <u>SUPER BRIGHT SKYLIGHTING COMPANY INC</u>			
Principal Place of Business <u>180 Eileen Avenue</u> <u>Altamonte Springs FL 32714</u>		Mailing Address <u>same</u>	
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip		Zip	
<b>24</b>		<b>29</b>	
Country		Country	
<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
<u>VIGIL, ARMANDO J</u> <u>180 Eileen Avenue</u> <u>Altamonte Springs FL 32714</u>		<b>81</b> Name <u>GAUVIN, AIME H</u> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <u>180 EILEEN AVENUE</u> <b>84</b> City <u>ALTAMONTE SPRINGS</u> <b>85</b> Zip Code <u>FL 32714</u>	
<b>11.</b> 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 <u>[Signature]</u>		SIGNATURE <u>AIME H. GAUVIN PRESIDENT</u> <u>7-1-97</u>	
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>1.1</b> TITLE <u>D</u> <input type="checkbox"/> DELETE		<b>1.1</b> TITLE <u>P</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>1.2</b> NAME <u>GAUVIN, AIME H</u>		<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS <u>180 EILEEN AVENUE</u>		<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY-ST-ZIP <u>ALTAMONTE SPRINGS FL 32714</u> <input checked="" type="checkbox"/> DELETE		<b>1.4</b> CITY-ST-ZIP	
<b>2.1</b> TITLE <u>D</u> <input type="checkbox"/> DELETE		<b>2.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>2.2</b> NAME <u>VIGIL, ARMANDO J</u>		<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS <u>180 EILEEN AVENUE</u>		<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP <u>ALTAMONTE SPRINGS, FL 32714</u>		<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE <input type="checkbox"/> DELETE		<b>3.1</b> TITLE <u>GAUVIN, KA</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>3.2</b> NAME		<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS		<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP		<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE <input type="checkbox"/> DELETE		<b>4.1</b> TITLE <u>SECRETARY</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>4.2</b> NAME		<b>4.2</b> NAME <u>GAUVIN, KATHRYN</u>	
<b>4.3</b> STREET ADDRESS		<b>4.3</b> STREET ADDRESS <u>180 EILEEN AVENUE</u>	
<b>4.4</b> CITY-ST-ZIP		<b>4.4</b> CITY-ST-ZIP <u>ALTAMONTE SPRINGS FL 32714</u>	
<b>5.1</b> TITLE <input type="checkbox"/> DELETE		<b>5.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>5.2</b> NAME		<b>5.2</b> NAME <u>700002233527</u>	
<b>5.3</b> STREET ADDRESS		<b>5.3</b> STREET ADDRESS <u>-07/09/97--01024--026</u>	
<b>5.4</b> CITY-ST-ZIP		<b>5.4</b> CITY-ST-ZIP <u>***61.25</u>	
<b>6.1</b> TITLE <input type="checkbox"/> DELETE		<b>6.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>6.2</b> NAME		<b>6.2</b> NAME <u>[Signature]</u>	
<b>6.3</b> STREET ADDRESS		<b>6.3</b> STREET ADDRESS	
<b>6.4</b> CITY-ST-ZIP		<b>6.4</b> CITY-ST-ZIP	
<b>14.</b> 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: <u>[Signature]</u>		SIGNATURE: <u>AIME H. GAUVIN</u> <u>7-1-97</u> <u>(407) 869-5782</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)