

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

**FILED**

**Mar 26 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000005776 (4)**  
 1. Corporation Name  
**SUN BRIGHT CLEANERS, INC.**



Principal Place of Business <b>4518-5 DEL PRADO BLVD #56 CAPE CORAL FL 33904</b>	Mailing Address <b>1500 E COLONIAL BLVD SUITE 103 FT MYERS FL 33907</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4600 Summerlin RD.</b>	2a. Mailing Address 25
Suite, Apt. #, etc. 22 <b>A-1</b>	Suite, Apt. #, etc. 27
City & State 23 <b>FORT MYERS FL</b>	City & State 28
Zip 24 <b>33919</b>	Country 25 <b>USA</b>

3. Date Incorporated or Qualified <b>01/21/1997</b>	Applied For Not Applicable
4. FEI Number <b>65-0721748</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MILLIGAN, JOHN P JR  
1500 E COLONIAL BLVD  
SUITE 103  
FT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CREIGHTON, MARK D</b>	
STREET ADDRESS	<b>4518-5 DEL PRADO BLVD #56</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>POULSON, ROBERT III</b>	
STREET ADDRESS	<b>4518-5 DEL PRADO BLVD #56</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>POULSON, HEATHER</b>	
STREET ADDRESS	<b>4518-5 DEL PRADO BLVD #56</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>4600 Summerlin Rd # A 1</b>
1.4 CITY-ST-ZIP	<b>Ft. Myers, FL 33919</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>4600 Summerlin Rd. #A1</b>
2.4 CITY-ST-ZIP	<b>Ft. Myers, FL 33919</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>4600 Summerlin Rd #A-1</b>
3.4 CITY-ST-ZIP	<b>Ft. Myers, FL 33919</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Heather Poulson* **HEATHER Poulson** 3-19-98 941-936-5099

CR2E034 (10/97)