SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 9/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 SEP 30 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000013645 (1)

1. Corporate Name
BRITE SPOT FARM, INC.

Principal Place of Business
334 MINORCA AVENUE #200
CORAL GABLES FL 33134

Mailing Address
334 MINORCA AVENUE #200
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/10/1997

4. FEI Number
65 0745367 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
PERLIN, BRIAN C
334 MINORCA AVENUE #200
CORAL GABLES FL 33134

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: (Registered Agent Signature) (Registered Agent Name (Typed or Printed)) DATE

12. OFFICERS AND DIRECTORS

11 TITLE D
12 NAME PERLIN, BRIAN C
13 STREET ADDRESS 334 MINORCA AVENUE #200
14 CITY ST ZIP CORAL GABLES FL 33134
[✓] DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
[ ] DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
[ ] DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
[ ] DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
[ ] DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P.D
12 NAME Sharon L. Carty
13 STREET ADDRESS 18031 SW 70 pl
14 CITY ST ZIP Ft. Lauderdale, Fla 33331
[ ] Change [ ] Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
[ ] Change [ ] Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
[ ] Change [ ] Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
[ ] Change [ ] Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
[ ] Change [ ] Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP
[ ] Change [ ] Addition

FILING 10/2 98 AR

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 any attachment with an address.

SIGNATURE: Sharon L. Carty

CR2E034 (5/98)