Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000016232

1. Corporation Name

BRITE COTE SERVICES, INC.

Principal Place	e or business	Mailing Address								
16220 S.W. 280TH ST. HOMESTEAD FL 33031		16220 S.W. 280TH ST. HOMESTEAD FL 33031				DO NOT WE	TE IN THIS	SBACE		
						DO NOT WR		SPACE		
						3. Date Incorporated or Qualifed 02/17/1998				
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For				
21		26	26			59-12892	58		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Outliert of Otatus Basined		\$8.7	7 <b>5</b> Ac	ditional
22		27	27			5. Certifcate of Status Desired		Fe	e Req	uired
City & State	e	City & State	City & State			6. Election Campaign Financing		\$5.	.00 N	May Be
23		28	28			Trust Fund Contribution		Add	ded to	Fees
Zip Country Zip			Country			8. This corporation owes the cur	rent year Inta			ĺ
24	25 29 30					Personal Property Tax.		Yes		□No
	9. Name and Address of C	urrent Registered Agent				10. Name and Address of New	Registered .	Agent		
	141450 5		l l	81	Name					ļ
	, JAMES E		82 Street Ad			ess (P.O. Box Number is Not Accept	able)			_
	0 S.W. 280TH ST.									
HOM	IESTEAD FL 33031			83			•			
			ŀ	84	City		FL	85	Zip Co	ode
		1007.4500.5( : ) 0( : )	45 15					changin	a ite r	onistered
office or r	egistered agent or both in the	07.0502 and 607.1508, Florida Statutet State of Florida. Such change was au obligations of, Section 607.0505, Flori	thonzed	DV.	the corporation	on's board of directors. I hereby acce	pt the appoi	ntment a	as regi	istered
SIGNATURE										
	Signature, typed or printed name of registe		_ <del>-</del>	Agen	t signature required	d when reinstating) ADDITIONS/CHANGES TO OF	DATE	in DIBE	CTOE	OC IN 12
<u> 12.</u>		RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	☐ Cha		Addition
TITLE	D	☐ DELETE	1.1 TITU					Ола	ngc	
NAME	11421125, 4241142		12 NA							ļ
STREET ADDRESS				1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33157		1.4 CIT		ſ-ZIP			Cha		Addition
TITLE	D	☐ DELETE	2.1 T!TI					Cila	iige	L] Addition
NAME		ocite, i raile i		2.2 NAME						į
STREET ADDRESS 9935 MARLIN ROAD					FADDRESS					
CITY-ST-ZIP MIAMI FL 33157			_	4 CITY-ST-ZIP				Chr		☐ Addition
TITLE			3.1 TITI					Cha	⊪ige	☐ Addison
NAME			3.2 NA							Į
STREET ADDRESS					F ADDRESS					
CITY-ST-ZIP			3.4. Cf		T-ZIP			- Clob		Addition
TITLE		☐ DELETE	4.1 TITI	ľ				Cha	iiige	☐ Addition
NAME			4. 2 NA		Į					
STREET ADDRESS			4.3 STF	REET	TADDRESS					
CITY-\$T-ZIP			4.4 CIT		r-zip			Cha		Addition
TITLE		☐ DELETE	5.1 TIT					∐ Ulla	ıı iye	
NAME			5.2 NA							
STREET ADDRESS					TADDRESS					
CITY-ST-ZIP			5.4 CIT		Γ- ZIP					[77] Addition
TITLE			6.1 TIT		Ϊ			☐ Cha	ийя	☐ Addition
NAME			6.2 NA	6.2 NAME						

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90112 046 \*\*\*150.00

CR2E034 (11/98)