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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000051800

BRIGHT BUSINESS IMPROVEMENTS, INC.

Principal Place of Business	•
501 LONGMEADOW ST. CELEBRATION FL 34747	

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90083 006 ***150.00



rincipal Place of Business Mailing Address			DO NOT WRITE IN THIS SPACE			
501 LONGMEADOW ST. CELEBRATION FL 34747	501 LONGMEADOW ST. CELEBRATION FL 34747					
			3. Date Incorporated or Qualifed 06/10/1998			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
ज	26 P.O. BOX 470114		59-35157kg	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-	5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State 28 CELEBRATION FL	olija	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		Country	8. This corporation owes the current year	Intangible		
25	29 34747-6114 30		Personal Property Tax.	☐ Yes ☑ No		
	of Current Registered Agent		10. Name and Address of New Registered Agent			
BRIGHT, STEVEN J		81 Name				
501 LONGMEADOW ST.		82 Street Address (P.O. Box Number is Not Acceptable)				
CELEBRATION FL 34747		83				
		84 City	F	85 Zip Code		
office or registered agent, or both, in t	607.0502 and 607.1508, Florida Statutes, the he State of Florida. Such change was authori- he obligations of, Section 607.0505, Florida S	zed by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered pointment as registered		
SIGNATURE			d when reinstating) OATE			
Signature, typed or printed name of re-	gistered agent and title if applicable. (NOTE: Regist	ered Agent signature require	d when reinstating)			

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change ☐ DELETE 1.1 TITLE DIP TITLE 1.2 NAME NAME BRIGHT, STEVEN J 1.3 STREET ADDRESS STREET ADDRESS 501 LONGMEADOW ST. **CELEBRATION FL 34747** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change TG 2.1 TΠLE TITLE 2.2 NAME BRIGHT, JUDITH S NAME 2.3 STREET ADDRESS 501 LONGMEADOW ST. STREET ADDRESS **CELEBRATION FL 34747** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:



CR2E034.(1.1/98)