## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

1. Corporation Name

S61449

(2)

**BRIGHTWATERS HOLDING COMPANY** 

DINGITION TO THE COMMENT								
Principal Place o	f Business	Mailing Address				TIO 1911 DIDIL DI		01011 01011 1031
25 2ND ST N SUITE 160	1	8423 BROOK RD. MCLEAN VA 22102						
ST. PETERSBURG FL 33701 US					3. Date Incorporated or Qualified 3a. Date of Last Rep- 06/21/1991 04/25/199			
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21 526	Central Ave.	26			59-3071918		N	Not Applicable
Suite, Apt. #,		Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee R	Additional Required
City & State  23 St. Pe	terstons FL	City & State			6. Election Campaign Financing Trust Fund Contribution		Added	May Be to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for	r intangible ta s No	ax under s	199.032,
24 337		29	30		Florida Statutes Ye  10. Name and Address of New		Agent	
	9. Name and Address of Curre	nt Registered Agent		81 Name \	4 /		Main	
				\ \ \}	EFFREY J. PAR	KER		
	, JEFFREY J.			82 Street Addr	ess (P.O. Box Number is Not Accepta			
25 2ND				83 6	26 CENTRAL A	<u>ye.</u>		
SUITE 1				°°	, te 200			
ST. PET	ERSBURG FL 33701			84 City	0 , 1	FL		Code
				. 1 د	ration submits this statement for the pr			3701
or registere familiar with	of the provisions of Sections 607.050 diagent, or both, in the State of Floi i, and accept the obligations of, Sec	rida. Such change was authoriz	ea by the c	corporation's boar	rd of directors. I hereby accept the ap	pointment as	s registered	agent. I am
:SIGNATURE _	signature, typed or printed name of registered age	nt and title if applicable. (NC	TE: Rug steres	Agent signature require	d when reinstating!	DATE		
<b>1</b> 12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF			
TOLE	PTS	☐ DELETE	1.11	ITLE	•	,	☐ Change	☐ Addition
NAME	PARKER, JEFFREY J.		1.2 N	AME				
STREET ADDRESS	8423 BROOK ROAD		1.3 S	TREET ADDRESS				
CITY-ST-ZIP	MCLEAN VA		1.4 0	ITY-ST-ZIP			<del></del>	
TITLE		☐ DELETE	2 1 1	HTLE			Change	Addition
NAME			221	AME				
STREET ADDRESS			235	TREET ADDRESS				
CITY-ST-ZIP			240	ity-st-zip				
TITLE		DELETE	3.1	TITLE			☐ Change	Addition
NAME			321	IAME				
STREET ADDRESS			3.3	STREE1 ADDRESS				
CITY-ST-ZIP			3.4 (	HTY-ST-ZIP				
TITLE		☐ DELETE	4.1	TITLE	والمناز المناز المناز المناز والمان والمان		Change	☐ Addition
NAME			4.2 1	IAME	9000017 -04/23/9601	ងភទ	ກິລ	
STREET ADDRESS			4.3 9	STREET ADDRESS	~U4/23/36~~U)	.U12L	113	
CITY-ST-ZIP		-	4.4 (	CITY - S1 - ZIP	***200,00			
TITLE		DELETE	5. 1	TITLE			☐ Change	☐ Addition
NAME			5.21	NAME				
STREET ADORESS			53	STREET ADDRESS				
CITY-ST-ZIP			54	CITY-ST-ZIP				
TITLE		☐ DELETE		TITLE		· <u></u>	☐ Change	Addition
NAME		-	6.2	NAME				
STREET ADDRESS				STREET ADDRESS				
<b>†</b>				CITY - ST - ZIP				
CITY - ST - ZIP					4	10 07/01/1 5	als Oast	Jan I & Jakan

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: