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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V11570

(1)

BRIGHT FUTURE, INC.

Principal Plac	I DR	Mailing Address 5041 NW 97TH DR					
CORAL SPRING	3\$ FL 33076	CORAL SPRINGS FL 330	76-2458				
					 Date Incorporated or Qualifie 02/03/1992 	ed 3a. Date of La. 01/25/199	•
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	0 1/20/ 188	Applied For
21 1963	5-53 81HERO7	26			65-0310831	 	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	5 Additional
22 27 Chull State						Fee	Bequired
City & State 23 /30/	A DATOU FI	City & State			6. Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip -20	Country	Zip	Countr	у	This corporation has liability		
24 339	189 25 19MBO	4 29	30		Florida Statutes	Yes No	J. C. 100.00E,
	9. Name and Address of Currer	nt Registered Agent		T 81	10. Name and Address of New	Registered Agent	
	PE, SANDRA		81	Name			
	1 NW 97TH DR		82	Street Ad	dress (P.O. Box Number is Not Accep	ptable)	
COF	RAL SPRINGS FL 33076		83				
				ļ.,		Tank :	
			84	City		FL 85	Zip Code
office or r	redistered agent or both, in the State	of Florida. Such change was	authorized b	w the corpor	rporation submits this statement for the ation's board of directors. I hereby ac	he purpose of changir	ng its registered
agent I a	im fam liar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statute	es.	allorio bodio di alloptolo. I floroby at	scopt the appointment	, as registered
SIGNATURE	Signature, typicd or printed name of registered age	man and the 18 man bounds.	WE Declared		uired when reinstaling)	DATE	
12.	***************************************	D DIRECTORS	13,	leur erðuarna ted	ADDITIONS/CHANGES TO OF		TORS IN 12
TITLE	DPS	DELETE	1.1 TITLE			☐ Chan	
NAME	MOPE, SANDRA		1.2 NAME				
STREET ADORESS	5041 NW 97TH DR		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL	MARIETE	1.4 CITY-	ST-ZIP			and Hadden
TITLE NAME		DELETE	2.1 TITLE 2.2 NAME			L_ Chan	nge L Addition
STREET ADDRESS				T ADDRESS	•		
CHY-ST-ZIP			2. 4 CITY-				
TITLE	ari adali i tita 27 - 7 min hin da dasi ariti 67 di tiladi Tidanian kali ariti bilaha kili malambili da da biramin	☐ DELETE	3.1 TITLE			☐ Chan	nge Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-	ST-ZIP		Char	as I Addison
TITLE			4.1 TITLE		ı	Chan	nge L. Addition
NAME STREET ADDRESS			4, 2 NAME	T ADDRESS			
CITY-ST-ZIP			4.4 CITY -				
TITLE		☐ DELETE	5.1 TITLE			Chan	nge Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
City-St-Zip		The rec	5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			L. Chan	nge Addition
NAME STREET ADDRESS			6.2 NAME	T ADDRESS	•		
STUTEL WINDUIG 30			E vaoince	CCONUNT			

14. I do 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 13 if changed, or on an attachment with an address.

· I b-Y

g61-482-1967

Daylime Phone #

FILED

Jan 31 1997 8:00am

Secretary of State

CR2E034 (9/9)