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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000005121 (8)

1. Corporation Name
THE BRIGHTER SIDE, INC.



Principal Place of Business
4900 N. LILLY RD.
MENOMONEE FALLS WI 53051

Mailing Address
4900 N. LILLY RD.
MENOMONEE FALLS WI 53051

3. Date Incorporated or Qualified: 10/03/1994
3a. Date of Last Report: 05/01/1996
4. FEI Number: 39-1435511
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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

9. Name and Address of Current Registered Agent
GUNTHER, LOUIS E
2230 GILLIS CT.
MAITLAND FL 32751

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TENDICK, J. MICHAEL	
STREET ADDRESS	36082 N. BEACH RD.	
CITY - ST - ZIP	OCONOMOWOC WE 53066	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KISIELEWSKI, LOUIS J	
STREET ADDRESS	13400 W. FOREST DR.	
CITY - ST - ZIP	NEW BERLIN WI 53151	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TENDICK, ROSEMARY	
STREET ADDRESS	3685 EMBERWOOD DR.	
CITY - ST - ZIP	BROOKFIELD WI 53005	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RISCH, THOMAS J	
STREET ADDRESS	900 S. APPLE TREE LN.	
CITY - ST - ZIP	BROOKFIELD WI 53005	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TENDICK, DONALD W SR	
STREET ADDRESS	3685 EMBERWOOD DR.	
CITY - ST - ZIP	BROOKFIELD WI 53005	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Louis J. Kisielewski* KISIELEWSKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/7/97
Daytime Phone #: (414) 781-9590

CR2E034 (9/96)