Applied For

\$8.75 Additional

Fee Required

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N26165

THE BRIDGE INTERNATIONAL, INC.

| Principal Place of Business | | | | | | | | | |
|-----------------------------|-------------|--|--|--|--|--|--|--|--|
| C/O RAGNHILD KJEL | DAAS ULRICH | | | | | | | | |

FT. LAUDERDALE FL 33312

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

C/O RAGNHILD KJELDAAS ULRICH 201 S. W. 38TH AVE .. FT. LAUDERDALE FL 33312

FILED Apr 25, 1999 8:00 am § Secretary of State

04-25-1999 90013 087 ****61.25 04-25-1999 90013 088 *****8.75





3. Date Incorporated or Qualifed

5. Certificate of Status Desired

04/28/1988

65-0100609

4. FEI Number

| 23 | | 28 | | | | | | | e Requ | | |
|---|--|----------------------------------|--------------|---|--|--------------------------------------|------------------------|----------------------|---------|------------|--|
| Zip | Country | Zip | Count | ry | | 6. Election Campaign Financing | , U | \$5.00 May Be | | | |
| 24 | 25 | 29 | 30 | | | Trust Fund Contribution | | | led to | Fees | |
| Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | | | | |
| | | | 8 | 1 N | ame | | | | | 1 | |
| TOUPIN, WILLIAM 190 SE 19TH AVENUE POMPANO BEACH FL 33060 | | | 8 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | | | | | | | | | | |
| | | | 8 | 3 | | | | | | | |
| | | | 8 | 4 C | ity | | | 85 | Zip Co | de | |
| | | | | | • | FL | | | | | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. | | | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE | | | | | | | | | | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO O | FFICERS ANI | DIRE | CTOR | | |
| TITLE | PD | ☐ DELETE | 1,1 TITLE | | | | | Cha | nge | ☐ Addition | |
| NAME | ULRICH, RAGNHILD KJELDAAS | | 1.2 NAME | Ē | | | | | | | |
| STREET ADDRESS | 201 S.W. 38TH AVE. | | 1.3 STRE | ET ADD | RESS | | | | | } | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | 1.4 CITY | ST-ZIP | | | | | | | |
| TITLE | ST | ☐ DELETE | 2.1 TITLE | | | | | []] Cha | nge | ☐ Addition | |
| NAME | BUCK, GEOFFREY | | 2.2 NAMI | Ē | | | | | | | |
| STREET ADDRESS | 201 S.W. 38TH AVE. | | 2.3 STRE | ET ADO | RESS | | | | | Ì | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | 2.4 CITY | -ST-ZIF | - | | | | | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | • | | | | ☐ Cha | nge | Addition (| |
| NAME | ALLAN REESOR | | 3.2 NAMI | E | | | | | | İ | |
| STREET ADDRESS | 2718 ISLAND DRIVE | | 3.3 STRE | ET ADD | RESS | | | | | | |
| CITY-ST-ZIP | MIRAMAR FL | | 3.4. CITY | -ST-ZIF | - | | | | | F3 \ (ee | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | • | | | | Cha | nge | Addition | |
| NAME | HUGH SMITH | | 4, 2 NAM | E | | | | | | | |
| STREET ADDRESS | 7287 MCDONALD DRIVE | | 4.3 STRE | ET ADD | RESS | | | | | | |
| CITY-ST-ZIP | LIMA NY | | 4.4 CITY | ST-ZIP | <u> </u> | | | | | T Addition | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | | ☐ Cha | nge | ☐ Addition | |
| NAME | | | 5.2 NAM | | | | | | | | |
| STREET ADDRESS | | | 5.3 STRE | | - 1 | | | | | | |
| CITY-ST-ZIP | | 7714 | 5.4 CITY | | · | | . | F7.Ch- | | ☐ Addition | |
| TITLE | | C DELETE | 6.1 TITLE | | | | | Cha | nge | Addition | |
| NAME | | | 6.2 NAM | | | | | | | | |
| STREET ADDRESS | | | 6.3 STRE | | | | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY | | | 440 07/2\/\) Fleside Ot-life | I formation a contract | if , thet | tha inf | ormation | |
| 14. I hereby of | certify that the information supplied with | this filing does not qualify for | or the exemp | puon: | stated in S | ection 119.07(3)(1), Flonda Statutes | s. i iurther cert | ny triait | mie im | omadon | |

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 617, 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:

3-30-99 954-733-6930 Date Daytime Phone #