FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N9600004788

BAL-BRIDGE SOUTH, INC.



03-04-1999 90240 011 ****61.25

Principal Place of Business		Mailing Address							(B) 1811 1881
10230 COLLINS AVE BAL HARBOUR FL 33154		10230 COLLINS AVE BAL HARBOUR FL 33154							
BAL MANDOUR	FFL 33134	BAL MARBOUR FL 33134							
							•		· · · · · · · · · · · · · · · · · · ·
2. Principal P	ace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed			
21	·	26				08/13/1974			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number Applied For 59-1563411 Not Applicable			
22		27				39 1300411		\$8.75 A	
City & Stat	2	 	City & State			5. Certifcate of Status Desired		Fee Re	-
23	Country		Zip Country						
Zip		— <u> </u>	30			Election Campaign Financing Trust Fund Contribution		Added to	•
24	9. Name and Address of Curr	29 29 Agent	130			10. Name and Address of New Re	gistered A		
	V. Mairie and Address of Odiff	ent rogistered Agent	-	81	Name				•
COMOTO	DENING I			_			t-)		
	, DENNIS J		82 Street Addre			ess (P.O. Box Number is Not Acceptat	ie)		1
	LYWOOD BLVD			83				***-	
SUITE 265								<u> </u>	
HOLLYWO	OOD FL 33021			84	City		FI	85 Zip C	Code
44	to the provisions of Sections 617.0	502 and 617 1508 Florida Statut	les the al	TOVE.	named corp	oration submits this statement for the p	urpose of o	hanging its	registered
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was a	authorized	l by t	he corporation	on's board of directors. I hereby accept	the appoin	tment as req	gistered
SIGNATURE					_				
	Signature, typed or printed name of registered a	<u> </u>		Agent	signature required	d when reinstating) ADD(TIONS/CHANGES TO OFF	DATE CERS AN	DIRECTO	RS IN 12
12.		AND BIREOTORG		13.			OCKO AIN	Change	Addition
TITLE	PTD	☐ DELETE			T	=		Ondrigo	
NAME	GLANZ, LEONARD		1.2 NA			lanz, Leonard			
STREET ADDRESS	10230 COLLINS AVE		- 1			0230 Collins Ave	* '-		
CITY-ST-ZIP	BAL HARBOUR FL	₩ DELETE		Y-ST-		il Harbour, Fl	/ =	Change	Addition
TITLE	VD	₩ DELETE	2.1 TITLE		PI	=		. Ourside	G, 444.44.
NAME	GAUTHIER, GASTON		2.2 NAME		1	ngleton, James	•	•	}
STREET ADDRESS	10230 COLLINS AVE					0230 Collins Ave			1
CITY-ST-ZIP	BAL HARBOUR FL	☐ DELETE		TY-ST	-ZIP Ba	al Harbour, Fl		Change	Addition
TITLE	SD	☐ VELETE	3.1 ₹		SI	D		Grange	
NAME	ANDRADE, ZOILA		3.2 NA		AI	ndrade, Zoila		: .	ſ
STREET ADDRESS	10230 COLLINS AVE				ADDRESS 1	0230 Collins Ave			
CITY-ST-ZIP	BAL HARBOUR FL	[] ACIETE	_	TY-ST	Ba	al Harbour, F1	• • •	Change	Addition
TITLE		☐ DELETE	4.1 T			•		Onlango	
NAME			4.2 N				• •		
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			~	7Y-ST-	-ZIP	<u> </u>		Change	Addition
TITLE		☐ DELETE	5.1 TT					☐ Allands	L Addition
NAME			5.2 N			*			
STREET ADDRESS					ADDRESS			3-i	
CITY-ST-ZIP				1Y-\$1	-ZIP				Addition
TITLE		☐ DELETE	6.1 71		1			☐ Change	☐ Addition
NAME			6.2 N				4.	, .	. }
STREET ADDRESS					ADDRESS		1.		,
CITY_ST_7tP			6.4 CI	TY-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 to chapted, or on an attachment with an address, with all other like empowered. 3/1/99

SIGNATURE:

REQUIRED JAMES ANGLETON, PRESIDENT

305-861-7100