

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 202184 (8)

1. Corporation Name
BAL-BRIDGE CORPORATION

Principal Place of Business
10240 COLLINS AVE BAL HARBOUR
MIAMI BCH FL 33154

Mailing Address
10240 COLLINS AVE BAL HARBOUR
MIAMI BCH FL 33154



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1957

4. FEI Number

59-0819674

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKER & POLIAKOFF P.A.
3111 STIRLING ROAD
POST OFFICE BOX 9057
FT. LAUDERDALE FL 33310-9057

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P
ADAMS, IGNATIUS W
STREET ADDRESS
10240 COLLINS AVE
CITY-ST-ZIP
BAL HARBOUR FL

TITLE ☐ DELETE

NAME
T
ADAMS, CAROL
STREET ADDRESS
10240 COLLINS AVENUE
CITY-ST-ZIP
BAL HARBOUR FL

TITLE ☐ DELETE

NAME
V
~~ROCKWORTH, JOHN~~
STREET ADDRESS
~~10240 COLLINS AVE~~
CITY-ST-ZIP
~~BAL HARBOUR FL~~

TITLE ☐ DELETE

NAME
S
BLAUVELT, HAROLD
STREET ADDRESS
10240 COLLINS AVE.
CITY-ST-ZIP
BAL HARBOUR FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

President
O Kent HAMRICK
10240 COLLINS 306
MIAMI, FL 33154

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

HAROLD BLAUVELT

3/9/98

305 865-3270

CR2E034 (10/97)