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

Mailing Address 2950 BUSKIRK AVENUE

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F93000002229

1. Corporation Name

Principal Place of Business

2950 BUSKIRK AVENUE

BRIDGE PARTNERS, INC.

| FILED                          |
|--------------------------------|
| May 04, 1999 8:00 am           |
| Secretary of State             |
| 05_04_1999 90174 036 ***150 00 |



| SUITE 312<br>WALNUT CREEK                           | SUITE 312<br>WALNUT CREEK CA 94596  |   |                              | DO NOT WRITE IN THIS SPACE                            | <u> </u>   |                   |  |  |
|---|---|---|------------------------------|---|--|-------------------|--|--|
| US  | US  | <b></b>   |                              | 3. Date Incorporated or Qualifed 05/12/1993           | 3. Date Incorporated or Qualifed   |                   |  |  |
| Principal Place of Business     2a. Mailing Address |   |   |                              |   | 4. FEI Number  | Applied For       |  |  |
| 21 26   |   |   |                              |   | 68-0226952   | Not Applicable    |  |  |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.   |                              |   | f Cadillanta of Status Desired   | 75 Additional     |  |  |
| 22 27   |   |   |                              |   | F6   | e Required        |  |  |
| City & State City & State                           |   |   |                              | ,   | 1  | 1                 |  |  |
| 23 28   |   |   | Country                      |   | Trust Fund Contribution Ad   | ded to Fees       |  |  |
| Zip   | _ ZipCountry ZipC   |   |                              | '   | 8. This corporation owes the current year Intangible                       | E'Thia            |  |  |
| 24 25 29 30 Personal Property Tax. Yes              |   |   |                              |   |  | . □No             |  |  |
| <del></del>   | 9. Name and Address of Current  | Registered Agent  | 81                           | N   | 10. Name and Address of New Registered Agent                               |                   |  |  |
| COR   | PORATION SERVICE COMPANY  |   | 0                            | '**   |  |                   |  |  |
| 1201 HAYS STREET                                    |   |   |                              | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                   |  |  |
| TALLAHASSEE FL 32301                                |   |   | 83                           |   |  |                   |  |  |
| 17100   | 30110022 / 2 0200 /   |   | 63                           | l   |  | j                 |  |  |
|   |   |   | 84                           | Ci  | City FL 85   | Zip Code          |  |  |
|   |   | 1 007 4500 Ft-side Otebutes   | the obou                     | <u> </u>  | and competion pulmits this statement for the purpose of changing           | ng its registered |  |  |
| office or re<br>agent. I a                          | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligation | arid 607.1506, Ffolida Statutes,<br>f Florida. Such change was auth<br>ons of, Section 607.0505, Florida      | orized by<br>a Statutes      | the   | e corporation's board of directors. I hereby accept the appointment        | as registered     |  |  |
| SIGNATURE   |   |   |                              |   | nature required when rejustating) DATE                                     |                   |  |  |
|   | Signature, typed or printed name of registered agent  |   | egistered Age                | nt sign   | parties required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRE | CTORS IN 12       |  |  |
| 12.   | PSD OFFICERS AND  | DELETE  | 1.1 TITLE                    |   | ADDITIONS/CHANGES TO CIT TOLERO AND BITCH                                  |                   |  |  |
| TITLE   | KLEIN, STEVEN S   | EJ SEELE  | 1.2 NAME                     |   |  | • –               |  |  |
| NAME  | 2950 BUSKIRK AVE, #312  |   | 1.3 STREE                    | T 400   | onen   |                   |  |  |
| STREET ADDRESS                                      | WALNUT CREEK CA   |   | 1                            |   |  |                   |  |  |
| CITY-ST-ZIP   | VID DELETE  |   | 1.4 CITY-ST-ZIP<br>2.1 TITLE |   | □ Chi  | ange Addition     |  |  |
| TITLE   | BEALL, KENNETH L  | - Decent  | 2.1 NAME                     |   | ]  | , <u> </u>        |  |  |
| NAME  | COEC DUOVIDY AVE #040   |   | 2.3 STREET ADDRESS           |   | posse  |                   |  |  |
| STREET ADORESS                                      | MALAUT ODEEN CA CAECO   |   |                              |   |  |                   |  |  |
| CITY-ST-ZIP   | DELETE  |   |                              | ST-ZIP  | □ Chi  | ange              |  |  |
| TITLE   |   | C) Describ  | 3.1 TITLE<br>3.2 NAME        |   |  | • –               |  |  |
| NAME  |   |   | 3.3 STREE                    | יעוג ד  | NDECS :  |                   |  |  |
| STREET ADDRESS                                      |   |   | 3.4. CITY-5                  |   |  |                   |  |  |
| CITY-ST-ZIP   | C priets  |   |                              | 51-ZIP  | ∏PCh   | ange              |  |  |
| TITLE   |   | _ beerie  | 4.1 TITLE<br>4.2 NAME        |   |  |                   |  |  |
| NAME  |   |   | 4.2 NAME                     |   | nness .  |                   |  |  |
| STREET ADDRESS                                      |   |   | 1                            |   | 1  |                   |  |  |
| CITY-ST-ZIP   |   | ☐ DELETE  | 4.4 CITY-S<br>5.1 TITLE      | )1-ZIP  | P ☐ Ch:  | ange Addition     |  |  |
| TITLE   |   | C OFFEIG  | 5.7 IIICE                    |   |  | <u>-</u>          |  |  |
| NAME  |   |   | 5.3 STREE                    | T ADD   | DDRESS   |                   |  |  |
| STREET ADDRESS                                      |   |   | 5.4 CITY- S                  |   |  |                   |  |  |
| CITY-ST-ZIP   |   | ☐ DELETE  | 6.1 TITLE                    | _,  | " Ch   | ange Addition     |  |  |
| TITLE   |   | المال ا | 6.2 NAME                     |   | }  | -                 |  |  |
| NAME  | <i>2</i>  |   | 6.3 STREE                    | T ADD   | DRESS  |                   |  |  |
| STREET ADDRESS                                      |   |   | 6.4 CITY-S                   |   |  |                   |  |  |
| CITY-ST-ZIP   |   | this filing does not qualify for th   |                              |   | stated in Section 119.07(3)(i), Florida Statutes. I further certify that   | the information   |  |  |

indicated on this annual report or supplied with this limits does not quality for the exemption stated in decident 19.07(3)(i), Florida Statutes. I further certify that the 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 of 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, with all other like empowered.

SIGNATURE:

SECULTURE REQUIRED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR