FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **1996**3-15*9*1 (4)DOCUMENT # Corporation Name BRIDGET INVESTMENT COMPANY Principal Place of Business Mailing Address 222 LAKEVIEW AVE. 222 LAKEVIEW AVE. STE. #260 STE. #260 W. PALM BEACH FL 33401 W. PALM BEACH FL 33401 3. Date Incorporated or Qualified 3a. Date of Last Report US 12/24/1986 05/01/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2761124 26 Not Applicable Saite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State \$5.00 May Be City & State 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees $Z_{\rm ID}$ Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KOEPPEL, JOEL P. Street Address (P.O. Box Number is Not Acceptable) 82 222 LAKEVIEW AVE. 83 SUITE 260 PALM BEACH FL 33401 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition 1 1 TITLE TELE NAME KOEPPEL, JOEL P. 1.2 NAME 222 LAKEVIEW AVE., SUITE 360 STREE: ADDRESS 1.3 STREET ADDRESS WEST PALM BCH. FL CITY - ST- ZIP 1.4 CITY - ST- ZIP DELETE ☐ Change ☐ Addition TITLE 2 1 TITLE NAME 2.2 NAME STREET ACCORESS. 2.3 STREET ADDRESS 2.4 C(TY - ST - ZIP CITY: ST. ZIP DELETE Change Addition 111.1 3 1 TITLE NAME 3 2 NAME 3.3 STREET ADDRESS STREET ADORESS 0/Tr - \$1 - 7/2 3 4 CITY - ST - ZIP DELETE 1000 4. 1 TITLE ☐ Change Addition 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5 4 CHTY - ST - ZIP 11Ti F □ DELETE 6 1 TITLE Change Addition NAMí 6.2 NAME STEEL LADDRESS **6.3 STREET ADDRESS** CITY - ST - ZIP 6.4 CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

CR2E034 (12/95)