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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K94297

(4)

**SOUTHBRIDGE COMPANY** 

rilli	
May 06 1998 8:00an	n
Secretary of State	

CH CD



Principal Place of Business Mailing Address						
38 VISTA DEL		38 VISTA DEL RIO				
BOYNTON BEACH FL 33426		BOYNTON BEACH FL	L 33426		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					06/08/1989	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			65-0150040 Not Applicable	
Suite, Apt. (	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22	<del></del>	27			Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
<b>23</b> Zip	Country	<b>[28]</b> <b>Z</b> (p)	Country		Trust Fund Contribution	
24	25	29	30	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
571	9. Name and Address of Curr		1991		10. Name and Address of New Registered Agent	
CLA	VRKE, JOHN E			81 Name	ne	
	VISTA DEL RIO			82 Street	et Address (P.O. Box Number is Not Acceptable)	
BOY	YNTON BEACH FL 33426			OLI GER	or records (1.0. Don 14411001 to 110. 11000ptable)	
				83		
				84 City	85 Zip Code	
					FL     `	
11. Pursuant to office or re	o the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Florida <b>St</b> ito of Florida. Such change w	atutes, the at as authorized	pove-named by the cor	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered	
agent 1 ar	n familiar with, and accept the obl	ligations of, Section 607.0505	, Florida Stat	ules.		
SIGNATURE	Signature, typed or printed harde of registered a	serve Compatible of oral Land In	MICITE Descriptores	Accept evenetur	ure required when reinstating) DATE	
12,	<del></del>	AND DIRECTORS	13.	Ageni signatur	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	☐ DELETE	11 TF	LE	Change Addition	
NAME	CLARKE, JOHN E		1.2 N/	ME		
STREET ADDRESS	38 VISTA DEL RIO		1.3 ST	HEET ADDRESS	s	
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 00	TY-ST-ZIP		
TITLE	0	☐ DELETE	2.1 10	LE	Change Addition	
NAME	CLARKE, ELLEN		2.2 NA	ME		
STREET ADDRESS	38 VISTA DEL RIO			REET ADDRESS	S	
CITY-ST-ZIP	BOYNTON BEACH FL	DELET <b>e</b>		TY-ST-ZIP	Channe I Addition	
TITLE NAME		□ nerrue	3.1 111		L Change Addition	
STREET ADDRESS			3.2 NA			
CITY-ST-ZIP				REET ADDRESS TY-S1-ZIP		
TITLE		DELETE	4.1 Til	<del></del>	Change Addition	
NAME			4. 2 N			
STREET ADDRESS				REET ADDRESS	s	
CITY-ST-ZIP				IY-ST-ZIP		
TITLE		DELETE	5.1 111		☐ Change ☐ Addition	
NAME			5.2 NA	ME	Į.	
STREET ADDRESS			5.3 ST	REET ADDRESS	s	
CITY-ST-ZIP	<del></del>	· · · · · · · · · · · · · · · · · · ·		Y-ST-ZIP		
TITLE		☐ DELETE	6.1 TIT		☐ Change ☐ Addition	
NAME			6.2 NA			
STREET ADDRESS				REET ADDRESS	8	
CITY-ST-ZIP	artify that the information counciled	with this filing does not avall		Y-ST-ZIP	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated a	nn this annual ronort or sunnlamat	Istal songal record is tope and	accurate and	i that my eir	ionature chall have the eame local offect as if made under outh: that I am an	
officer or d Block 12 o	erector of the corporation or the re ir Block 13 if changed, or of an a	/deiver or trustee empowered tacht ent with so address	i to exécute ti	nis report as	as required by Unapter 507, Florida Statutes; and that my name appears in	
	V	Um 9 1/1	Mis	TO	HN F. CLANKE Have the ART Social Statutes; and that my name appears in	