				• •	
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00				FILED	
	PROFIT	FLORIDA DEPART	MENT OF STATE	Apr 08 1	998 8:00am
	ORPORATION INUAL REPORT	Sandra B.		· •	
	1998	Secretary  DIVISION OF CO		Secreta	ry of State
			<u> </u>		J
DOC	SUMENT # P34;	372 (3)			
	AILER BRIDGE, INC.				
Principal	Place of Business	Mailing Address		-	<u>iral quant quart quall regal arait arbit feat</u>
	GENCY SOUARE BLVD	9550 REGENCY SOUARE	BLVD		
#500 #500  JACKSONVILLE FL 32225 JACKSONVILLE FL 32225				DO NOT WRITE IN THIS SPACE	
US		U\$		3. Date Incorporated or Qualified 06/19/1991	
	pal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	OT New Berlin Rd	Suite, Apt. #, etc.	Berlin Hd End	13-3617986	Not Applicable  \$8.75 Additional
22 Suite,	Apt. #, etc.	27		5. Certificate of Status Desired	Fee Required
City &	State	City & State  28 Suchenville	. FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
23 3 A	Country	Zip	Country	This corporation owes or has per	
24 32	22 buva		30 Duvel	Personal Property Tax due June 10. Name and Address of New Re	
	9. Name and Address of C THE PRENTICE-HALL CORPO		81 Name	IO, Hallo and Addises of Now He	Alexona vigen
ļ	1201 HAYS STREET		82 Street Addre	ess (P.O. Box Number is Not Accepta	ble)
	SUITE 105 TALLAHASSEE FL 32301		83		
	INDENTINOSCE PE SESSI		84 City		85 Zip Code
44 . D	and to the provinces of Continue Cf	07 0500 and 607 1609 Florida Statuto	1 1 '	oration submits this statement for the	FL
office	or registered agent, or both, in the at Lam familiar with, and accept the	07.0502 and 607.1508, Florida Statute o Stato of Florida. Such change was a o obligations of, Section 607.0505, Flo	uthorized by the corporation of	on's board of directors. I hereby acce	pt the appointment as registered
SIGNATI	JRE				DATE
12.	Signature, typed or printed name of registronic OFFICER	RS AND DIRECTORS (NOTE	Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFI	
TITLE	P	☐ DELETE	1.1 TITLE		Change  Addition
NAME STREET ADD	HEIM, RALPH W 9550 REGENCY SQUAI	RE BLVD SUITE 500	1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZI	IACYCOARM LE EL		1.4 CITY-ST-ZIP		
TITLE	C MCCOWN, JOHN D.	☐ DELETE	2.1 TITLE 2.2 NAME		Change Addition
NAME STREET ADD	PAA DADY AVE PRIACI	R	2.3 STREET ADDRESS		
CITY-ST-Z	ANDAY VARVE AND		2.4 CITY-ST-ZIP		
TIFLE	T TANNER, MARK A.	☐ DELETE	3.1 TITLE 3.2 NAME		Change Addition
NAME STREET ADD		RE BLVD., STE. 500	3.3 STREET ADDRESS		
CITY-ST-ZI	IAONOOARBITE EI		3.4. CITY+ST-ZIP		
TITLE	MORLEY, J. EDWARD	☐ DELETE	4.1 TITLE 4. 2 NAME		Change  Addition
NAME STREET ADD	ACCA OF OFMAN COLLAR	RE BLVD., STE. 500	4.3 STREET ADDRESS		
CITY-S1-ZI	IA OVOOLNALLE EL		4.4 CITY - ST - ZIP		Ohanna Laddin
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		Change Addition
NAME STREET ADD	MESS		5.3 STREET ADDRESS		
CITY-ST-Z			5.4 CITY-ST-ZIP		Observe Address
TITLE	i	☐ DELETE	6.1 TITLE		Change Addition

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

6.4 CITY-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 of 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 chapted, or of an attrictment with an address.

SIGNATURE:

3 | 30/98 | 904-75|-7100