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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

CANYON BRIDGE CLUB, INC.

F	'n'n	cii	oal	Place	o*	Business

Mailing Address

3113 CLINT M APT. 205 BOCA RATON		3113 CLINT MOORE ROA APT. 205 BOCA RATON FL 33496	D	Date Incorporated or Qualified	3a. Date of Last Report
				11/16/1992	07/18/1995
2. Principal Pla 21 2206 V		28. Mailing Address 26 12286 Well	lae Way	4. FEI Number 65-0418271	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	70-11-7	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Delras	Beach, Fl	City & State / BOYNTON BE	each, FL	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
24 3344°	5 25 Palm Beach		30 Palm Beac	B. This corporation has liability for it Florida Statutes Yes	□No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New R	egistered Agent
3113 CLI	N, MAURICE NT MOORE ROAD		81 Name 82 Street Add 1229	ress (P.O. Box Number is Net Acceptable Way	ie)
SUITE 70 BOCA RA	NU ATON FL 33496		84 City B ₂₅ (inton Beach	FL 85 Zip Code 33 V 37
or registere		la. Such change was authorized		ration submits this statement for the purpord of directors. I hereby accept the appo	
SIGNATURE.					
	Signature, typed or printed name of registered agent a OF FICERS AND		Registered Agent signature require 13.	ad when reinstating ADDITIONS/CHANGES TO OFFI	DATE
12. TILF	D OFFICERS AND	DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFFI	Change Addition
NAMe	FRIEDMAN, MAURICE	<u></u>	1.2 NAME		
STREET ADDRESS	3113 CLINT MOORE ROAD		1.3 STREET ADDRESS		
CITY-ST-7IP	BOCA RATON FL 33496		1.4 CiTY - ST - ZiP		
TILF		DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CI1Y-S1-7IP			2 4 CITY - ST - ZIP		
T.ILF		DELETE	3. 1 TITLE		☐ Changr ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY -ST - ZIP TITLE		T DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE		Change Addition
NAME		Посил	4.2 NAME		Gridings Musician
STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 DITY-ST-ZIP		
CITY-ST-7IP TITLE		□ DELE1E	5. 1 TiTLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP			5 4 DITY-ST-7IP		
TITLE		☐ DELFIE	6 1 1 ITLE		Change Addition
NAME		—	6.2 NAME		
STHEET ADDRESS			6.3 STREET ADDRESS		
CITY - ST- ZIP			6 4 CITY-ST-ZIP		
	certify that the information supplied v	vith this xin g is voluntarily furnish		for the exemption stated in Section 119.	07(3)(k), Florida Statutes, I further

certify that the information indicated on this annual report of supplemental annual report is true and that my signature shall have the same legal effect as if made under eath, 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 changed, or on an algorithment with an address.

SIGNATURE: