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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	UAL REPORT Secretary of State  1996 DIVISION OF CORPORATIONS									
<ol> <li>Corporation</li> </ol>			051633 (	4)						
BRIDY	ENTERPRISES	S, INC.								
Principal Place of Business 2407 NW 135 ST. STE. 101 MIAMI FL 33167			Mailing Address 2407 NW 135 ST. STE. 101 MIAMI FL 33167			3. Date Incorporated or Qualified 3a. Date of Last Report 07/19/1993				
2, Principal Pla 21	ace of Business		<b>2a.</b> Mailing Address <b>26</b>				4, FEI Number 65-0427741	. 1	<u> </u>	Applied For
Suite, Apt. :	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Not Applicable  5 Additional
Orty & State	9		City & State				6. Election Campaign Financing	- <u>*</u> :	\$5.0	Required  May Be
Zip <b>24</b>	25	untry	28    Zip   29	30	intry		Trust Fund Contribution  8. This corporation has liability for in Florida Statutes			ed to Fees s 199.032,
	9. Name and A	ddress of Current R	egistered Agent		81	Name	10. Name and Address of New R	egistered	Agent	
	EDWARD A				82		ress (P.O. Box Number is Not Acceptab	i		
1265 SEMINOLE DR.						Street Addr	ress (r.o. box Number is Not Acceptate	(نا 		
FT. LAUL	DERDALE FL 333	04			83					
					84	City		FI	85 Z	ip Code
11. Pursuant to or registere familiar with SIGNATURE.	o the provisions of Sed agent, or both, in the agent, or both, in the o	sections 607,0502 and the State of Florida. S bligations of, Section (	l 607.1508, Fiorida Sta Such change was autho 07.0505, Fiorida Statu	tutes, the aborized by the dates	ve r	iarned corpor pration's boa	ration submits this statement for the pur rid of directors. Thereby accept the appo	pose of ch intrient as	anging its i registered	registered office diagent. I am
12.	Signature, typied or printed i	of registered agent and the OFFICERS AND DI		(NO'E Registered	Agen	eginton ne pro-		DATE		
T ILE	DP	OHI CERS AND BI	DELETE	13.	 ITL <b>E</b>		ADDITIONS/CHANGES TO OFFI		DIRECTO Change	DRS IN 12
NAME	BRIDY, EDWAI			1.2 N/	ME			•	_ ,	
STREET ADDRESS	1265 SEMINOI FT. LAUDERDA			1.3 SJ	HE F 1	ADDRESS				
City-St-ZiP Title	FI. CAUDEAD	ALE FL 33304		140		T-21F				
NAME			[] וזכנכונ	2 1 Ti 2 2 N				ŧ	Change	Addition
STREET ADDRESS				•		AUDRESS				
CITY - ST-ZIP				2401		- 1				
TITLE			[] DELETE	3 1 11					Change	Addition
NAME				3 2 NA	ME					
STREET ADDRESS						ADDRESS				
CITY-S1-ZIP TITLE			——————————————————————————————————————	3.4.01		1-702		·····		
NAME			DELETE	4 1 JI 42 NA				L	Change	Addition
STREET ADDRESS						ADDRESS				
CHTY-ST-ZIP				4.4.01		1				
THILF		<del></del>	☐ DELETE	5 1 7					Change	☐ Addition
NAME				5.2 NA	ME			_		•
STREET ADDRESS				5387	REFT	ADDRESS				
CHY ST ZIP				5.4 Cit		- ZIF				
T ILE			DEFETE	6 1 H					Change	Addition
NAME COULT ADDRESS				62 NA						
STREET ADDRESS				6350	KEE [ /	ADDRESS				

City-St-ZP

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 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 appoars in Block 12 or Block 13 if changes, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

President

March 27, 1996

305-761-0146

Degree Price or