

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000062422 (9)**

1. Corporation Name  
**3 BRIDGES REALTY, INC.**



Principal Place of Business: ~~822 ROYAL ROMANA PLAZA SUITE 322~~ **310 Royal Palm Way** PALM BEACH FL 33480 US  
Mailing Address: **PO BOX 2956 PALM BEACH FL 33480 US**

3. Date Incorporated or Qualified: **09/07/1993** 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **310 Royal Palm Way** Suite, Apt. #, etc.: **Palm Beach, FL** City & State: **FL** Zip: **33480** Country: **US**

4. FEI Number: **65-0434419** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

~~CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS ST  
TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent

81 Name: **Jonathan D. Commander**  
82 Street Address (P.O. Box Number is Not Acceptable): **310 Royal Palm Way**  
83 City: **Palm Beach** FL 85 Zip Code: **33480**

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* Date: **4/29/96**  
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPST</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COMMANDER, JONATHAN D</b>	1.2 NAME	
STREET ADDRESS	<del>6890 WILSON ROAD</del> <b>200 Cleary Rd</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33413</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**600001834186**  Change  Addition  
-05/22/96--01028--034  
\*\*\*200.00  
*[Signature]*  
**5-1-96**

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Date: **4/29/96** 407  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Jonathan D. Commander** Daytime Phone #: **835-6990**

CR2E034 (12/95)