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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 24 1997 8:00am

1/10/97 561-835-6990

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## P93000062422 (9) DOCUMENT #

3 BRIDGES REALTY, INC.

appears in Block 12 or Block

SIGNATURE:

Principal Place of Business PO BOX 2956 PALM BEACH FL 33480-2956 PALM BEACH FL 33480 3. Date Incorporated or Qualified 3a. Date of Last Report 09/07/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Suite 218 26 65-0434419 Not Applicable Suite, Apt. #, etc \$8.75 Additional  $\Box$ 5. Certificate of Status Desired 1204 al YalmWar Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Zio Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 61 COMMANDER, JONATHAN D. puathan 324 846 ROYAL PALM WAY Street Address (P.O. Box Number is Not Acceptable) PALM BEACH FL 33480 83 Zip Code 33480 **R4** alu 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 Forida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with, and appointment as registered agent. 10/97 SIGNATURE ent and title it applicable d Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DPST THEF DELETE 1.1 TITLE Change Addition COMMANDER, JONATHAN D NAME 1.2 NAME 200 CLEARY ROAD STREET ADDRESS 1.3 STREET ADDRESS **WEST PALM BEACH FL 33413** CHTY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE TILE 31 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - \$1 - ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY-ST-ZIP DELETE THILE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-ZIF 54 CITY-ST-ZIP DELETE THEF **6.1 TITLE** Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

an attachment with an address.

OF SIGNING OFFICER OR DIRECTOR