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FILED

Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000070068 (0)

1. Corporation Name

QUAKER BRIDGE VENTURE, INC.



Principal Place of Business

Mailing Address

2121 PONCE DE LEON BLVD.
PH-II
CORAL GABLES FL 33134

2121 PONCE DE LEON BLVD.
PH-II
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2937 S.W. 27th Ave
Suite, Apt. #, etc.

22 #303

City & State

23 Coconut Grove FL

24 33133

Country

25 USA

2a. Mailing Address

26 2937 S.W. 27th Ave
Suite, Apt. #, etc.

27 #303

City & State

28 Coconut Grove FL

29 33133

Country

30 USA

3. Date Incorporated or Qualified

10/04/1993

4. FEI Number

65-0491919

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOGGIO, LLOYD J
2121 PONCE DE LEON BLVD.
PH-II
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2937 S.W. 27th Ave

83 #303

84 City

Coconut Grove

FL

85 Zip Code

33133

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE 0 ☐ DELETE

NAME MARCUS, STEWART
STREET ADDRESS 2121 PONCE DE LEON BLVD. PH-2
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 2937 S.W. 27th Ave #303
1.4 CITY-ST-ZIP Coconut Grove, FL 33133

TITLE 0 ☐ DELETE

NAME BOGGIO, LLOYD J
STREET ADDRESS 2121 PONCE DE LEON BLVD. PH-2
CITY-ST-ZIP CORAL GABLES FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 2937 S.W. 27th Ave #303
2.4 CITY-ST-ZIP Coconut Grove, FL 33133

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 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 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]

4/1/98 (217) 476-8111

CR2E034 (10/97)