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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500006845 (8)

BRIDGE GOVERNOR ASSOCIATES, INC.

FILED Feb 27 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						-{	AND KNISH DIN	PI DIII 1001	
230 FIFTH STREET 230 FIFTH STREET									
MIAMI BEACH FL 33139 MIAMI BEACH F						DO NOT HOME ILLTHO OR LOS			
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
2 Principal P	lace of Business	2a. Mailing Address				01/25/1995 4. FEI Number	Ι Δ _Γ	plied For	
21	NOO O' ENDANGES	26	- i			65-0554180		t Applicable	
Suite, Apt	#, etc		Suite, Apt. #, etc.				 	Additional	
22		27	·			5. Certificate of Status Desired	Fee Re		
City & Stat	0	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be	
23	[28]					Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip		ıntry		8. This corporation owes or has paid the curren	-	_ ~	
24	25 29 30 9 Name and Address of Current Registered Agent			Personal Property Tax due June 30. Yes No					
50		ent Hegistered Agent		81	Name	10. Name and Address of New Registered Age	<u> </u>		
ROBINS, CRAIG					or Mane				
230 FITH ST. TWO SO. BISCAYNE BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)]		
MIAMI BEACH FL 33139			:	83					
WILF	WIII DEADITIE 33139								
				84	City	FL	85 Zip (Code	
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Sta	602 and 607.1508, Florida Statute of Florida Such change was	ites, the a	bove d by	named corporation	oration submits this statement for the purpose of ch	anging it	s registered 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature, typod or protect come of region red agent and too it apply able (NOTE: Register					nt signature require	od when reinstating) DATE		i	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND D	IRECTOR	IS IN 12	
TITLE	D	DELETE	TE 1.1 TITL		- F	P, D	Change	Addition	
NAME			1.2 N	AME	ľ	, -			
STREET ADDRESS			1.3 STREET ADDRESS		ADDRESS	•		1	
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY - ST - ZIP		T-ZIP				
TITLE		DELETE 2.1		TLE	ļ		Change	Addition	
NAME			2.2 NA						
STREET ADDRESS			2 3 STREET ADDRES		ADDRESS			1	
CITY-ST-ZIP	——————————————————————————————————————		2 4 City-St-ZiP		ST-ZIP		r 2.	10000	
TITLE		[_] DELETE	4			L,	Change	☐ Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY - ST- ZIP						
CITY-ST-ZIP TITLE		DELETE	3.4. C 4.1 Ti		i I - ZIP		Change	L_ Addition	
			4.111 4.2N			Ļ	1 Citaligo	- Managin	
NAME STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			1						
TITLE		DELFTE	4.4 CITY-1 5.1 TITLE		1-21		Change	Addition	
NAME	.		5.2 N/			_			
STREET ADDRESS	1		5.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP			- 6		T-ZiP				
TITLE		☐ DELE1E	6.1 10		"		Change	Addition	
NAME			6.2 N				-		
STREET ADDRESS	•		1		ADDRESS				
CITY-ST-ZIP				ITY-S	1				
	earlify that the information suppl	with this filmo of as not qualify				Section 119 07(3)(i) Florida Statutes, Liuriber certifo	that the	information	

I hereby certify that the information supply with this filing discs 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 supplicing the superior 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 row late or in side of movered 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 attach the willow address.

SIGNATURE:

rain 206 as Pres 2/20/98 531-870