

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

FILED
Jun 18 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 # **P95000057780 (5)**

1. Corporation Name

BRIDGEPORT COMMUNICATIONS, INC.



Principal Place of Business

**2800 BRIDGEPORT AVENUE
SUITE 402
COCONUT GROVE FL 33133
US**

Mailing Address

**2800 BRIDGEPORT AVENUE
SUITE 402
COCONUT GROVE FL 33133
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 444 BRICKELL AVENUE

26 444 BRICKELL AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 51-483

27 SUITE 51-483

City & State

City & State

23 MIAMI, FL 33131

28 MIAMI, FL 33131

Zip

Country

Zip

Country

24 33131

25 US

29 33131

30 US

3. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/26/1995

4. FEI Number

65-0597300

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

10. Name and Address of New Registered Agent

**JARVIS, JUDITH
2800 BRIDGEPORT AVENUE
SUITE 402
COCONUT GROVE FL 33133**

81 Name

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

11461 N.W. 5TH STREET

83

84 City

PLANTATION

FL

85 Zip Code

33325

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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 not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERBST, RICHARD	
STREET ADDRESS	2800 BRIDGEPORT AVENUE #402	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	JARVIS, JUDITH A	
STREET ADDRESS	2800 BRIDGEPORT AVENUE #402	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BISHOP, JESSE	
STREET ADDRESS	2800 BRIDGEPORT AVENUE #402	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S I/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	140 S.W. 91ST AVENUE, APT. 203	
1.4 CITY-ST-ZIP	PLANTATION, FL 33324	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	2340 NE 45TH STREET	
3.4 CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Richard Herbst

4-28-98 950-327-1977

CF2E034 (10/97)