

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90006 005 ***150.00

DOCUMENT # P95000067708

1. Corporation Name

THE BRIDGE TO RECOVERY, INC.

Principal Place of Business

13000 NE 11TH AVE
N MIAMI FL 33161

Mailing Address

13000 NE 11TH AVE
N MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1995

4. FEI Number

65-0618863

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 the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 2311 NE 193rd Street

Suite, Apt. #, etc.

22

23 North MIAMI Beach

24 FL 33180 Country USA

25 33180

2a. Mailing Address

26 2311 NE 193rd Street

Suite, Apt. #, etc.

27

28 North MIAMI Beach

29 FL 33180 Country USA

30 33180

9. Name and Address of Current Registered Agent

GOOD, LYNN
13000 NE 11TH AVE
N MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

FRAN MUNYON

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

2311 NE 193rd Street

83

84 City

NORTH MIAMI BEACH

FL

85 Zip Code

33180

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

FRAN MUNYON

Director

4-29-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MUNYON, FRANCES K
STREET ADDRESS 13000 NE 11TH AVE
CITY-ST-ZIP N MIAMI FL 33361

TITLE D ☒ DELETE

NAME GOOD, LYNN
STREET ADDRESS 13000 NE 11TH AVE
CITY-ST-ZIP N MIAMI FL 33161

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2311 NE 193rd Street
North MIAMI BEACH, FL 33180

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE:

FRAN MUNYON

Date

Daytime Phone #

4-29-99

305-944-5609

CR2E034 (1/98)