

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

APPROVED AND FILED Pg. 10/2

98 APR 18 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT



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

DOCUMENT # P95000097937

1. Corporation Name:

BRIDGE CENTER OF MARTIN COUNTY, INC.

Principal Place of Business:

50 SE Kindred St.,
Suite 107
Stuart, FL 34994

Mailing Address:

50 SE Kindred St.,
Suite 107
Stuart, FL 34994

97-98 AR

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

KOHL, N. DEAN JR.
50 SE Kindred St.,
Suite 107
Stuart, FL 34994

3. Date Incorporated or Qualified
01/01/96

3a. Date of Last Report

4. FEI Number
65-0631891

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 of person submitting this report (must be printed)

(If FEI Registered Agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P FALK, HARRY J.

STREET ADDRESS 3142 SE Federal Highway
CITY-ST-ZIP Stuart, FL 34994

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

TITLE ☐ DELETE

NAME

STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME 000002495850-6

13 STREET ADDRESS -04/22/98--01006--001

14 CITY-ST-ZIP *****315.00 *****315.00

15 TITLE ☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE ☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE ☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

A. Alaw
4/18/98

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 or Block 14 or on an attachment with an address.

SIGNATURE:

[Signature]

4/10/98

CR2E034 (9/96)