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



ANN	PROPRATION JUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham* Secretary of State DIVISION OF CORPORATIONS			! *	Secretary of State
DOCU 1. Corporati	IMENT # P96	0000	11990				
FI	orida Bridge	e Corp	poration	\sim			
Principal Place of Business Mailing Address Same							
Tarpon Springs, FL 34689						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Feb. 7. 1996	
2, Principal Place of Business 2a, Mailing Address							4 FEI Number
Suite, Apt	# alc	26	· · · · · · · · · · · · · · · · · · ·				59-3359936 Applied Follows Not Applicable
22 City & State							5. Certificate of Status Desired \$8.75 Additional Fee Required
23	& State City & State 28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution		
Zip 24	Country 7(i) 25 29			Country 30			8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
	9. Name and Address of C	Current Register	ed Agent		81	Name	10. Name and Address of New Registered Agent
	nneth M. B	rowr	,				
TOT MESTCY "TO						dress (P.O. Box Number is Not Acceptable)	
, Tarpon Springs, FL 34689					83		
ي د				-	84	City	B5 Zip Code
11. Pursuant	t to the provisions of Sections 60	7 0502 and 607.	1508, Florida Statute	s, the ab		-named com	poration submits this statement for the purpose of changing its registered
Office of	registered agent, or both, in the am feather with and accept the	State or Florida	Such change was at	uthorized	i b∀	the corpora	floor's board of directors. I hereby accept the appointment as registered
SIGNATUHE	1		7				5 20 98
12.	Signature typed or parties carne of region OFFICER	ุระบุ คละบาลกฮาระบู ar S AND DIRECTO		Hightered 13.	Адеч	disignature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President, T	resident. T.S. Thin		1.1 1011	LF.	T	Change Addition
NAME	Kenneth M. Brown			1.2 NAME			3000025522 7 3 -06/08/3801016038
STREET ADDRESS			00	1.3 S16	1.3 STREET ADORESS		***150,00
CITY-ST-ZIP	TarponSprings	PC 8900		1.4 CIT		- ZIP	
NAME			217111			L. Change Addition	
STREET ADDRESS				2.2 NAM		ADDRESS	
CITY-S1-ZIP				2 4 017			
TITLE			DETETE	3 1 1171			Change Addition
NAME				32 NAM	ME		
STREET ADDRESS				3 3 S1R	REEFA	ADDRESS	/
CITY-ST-ZIP	<u> </u>		75014	3.4 CIT		J-ZIP	
TITLE NAME			DELETE	4.1 NHL 4. 2 NAI			Change L Addition
STREET ADDRESS						ADDRESS	A_{1}
CITY-ST-ZIP				4.4 CITY			471113
TITLE			DELETE	51 1111	•		Change Addition
NAME				52 NAN	MΕ		-
STREET ADDRESS				5.3 S1R	EET A	ADDRESS	
CITY-ST-ZIP			T to the	5.4 CITY		· 7(P	
TITLE NAME			[] DELETE	6 1 TH			☐ Change ☐ Addition !
STREET ADDRESS				6.2 NAM		ADORESS	
CITY-ST-ZIP				6.4 CITY		J	

14. Thereby 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 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 supplied and that my signature shall have the same legal effect as if made under each; 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 thanged or on an attachment with an address.