FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 SEP 19 PM 1:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P96000065261 (5)**

1. **BRIDGEPORT TELECOM, INC.**

Principal Place of Business
2900 BRIDGEPORT AVENUE
COCONUT GROVE FL 33133

Mailing Address
2900 BRIDGEPORT AVENUE
COCONUT GROVE FL 33133-3606

3. Date Incorporated or Qualified: 08/06/1996
3a. Date of Last Report:

2. Principal Place of Business
21 6191 ORANGE DRIVE
22 SUITE 6171
23 DAVIE, FL
24 33314 25 USA

2a. Mailing Address
26 6191 ORANGE DRIVE
27 SUITE 6171
28 DAVIE, FL
29 33314 30 USA

4. FEI Number: 65-0666147 ☐ 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

9. Name and Address of Current Registered Agent

JARVIS, JUDITH A
2900 BRIDGEPORT AVENUE
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name: JUDITH A. JARVIS
82 Street Address (P.O. Box Number is Not Acceptable): 6191 ORANGE DRIVE
83 SUITE 6171
84 City: DAVIE FL 85 Zip Code: 33314

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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERBST, RICHARD % 2900 BRIDGEPORT AVENUE COCONUT GROVE FL 33133	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	RICHARD HERBST 6191 ORANGE DRIVE, #6171 DAVIE, FL 33314	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JARVIS, JUDITH A % 2900 BRIDGEPORT AVENUE COCONUT GROVE FL 33133	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	JUDITH A JARVIS 6191 ORANGE DRIVE, #6171 DAVIE, FL 33314.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

SL 9-19-97

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: Judith A Jarvis 9-17-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE