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Secretary of State

03-01-1999 90120 003 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000058838

1. Corporation Name
BRIDGES ALF, INC.



Principal Place of Business
**1675 PALM BEACH LAKES BLVD., STE. 1011
WEST PALM BEACH FL 33401**

Mailing Address
**1675 PALM BEACH LAKES BLVD., STE. 1011
WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip Country
24 **25**

Zip Country
29 **30**

3. Date Incorporated or Qualified
07/07/1997

4. FEI Number
65-0770523

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

9. Name and Address of Current Registered Agent

**ERBEY, JOHN R
1675 PALM BEACH LAKES BLVD., STE. 1011
WEST PALM BEACH FL 33401**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERBEY, WILLIAM C	1.2 NAME	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1011	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTINE A. REICH	2.2 NAME	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	2.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN R. ERBEY	3.2 NAME	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	3.4 CITY-ST-ZIP	
TITLE	SENIOR VICE PRESIDENT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN R. BARNES	4.2 NAME	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	4.4 CITY-ST-ZIP	
TITLE	VICE PRES. & ASST. SECRETARY <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRINI L. DONATO	5.2 NAME	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	5.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT C. DAVIDSON	6.2 NAME	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-99

561-682-8000

Date

Daytime Phone #

CR2E034 (11/98)