**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000105621 1. Corporation Name

BRIDGE MANAGEMENT, INC.

FILED 93 AUG 12 A110: 13 MELLING LESIATE

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		PRISTURAL PRIST BILL	JULI PERKUTAN
I MATHETINE		# B   B	# 131   Maai (181 is)

0						
Principal Place		Mailing Address				
15 PLAYER CLU	UB VILLAS	15 PLAYER CLUB VILLAS				
<del>-Bufte-194-</del>   Ponte Vedra Beach FL 32082		PONTE VEDRA BEACH FL 32082			DO NOT WRITE IN THIS SPACE	
US TECH	DENOTITE GEORE	US	<b>V</b> 02		3. Date Incorporated or Qualifed	
					12/15/1997	
2. Principal P	lace of Business	2a. Mailing Address				
21		26			4. FEI Number APPLIED FOR: 59-3507402 X Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	·· <b></b>		\$8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & Stat	e	City & State			6. Election Campaign Financing 55.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip			8. This corporation owes the current year Intangible	
24	25	29 30	0		Personal Property Tax.	
	9. Name and Address of Curren	<u> </u>	1		10. Name and Address of New Registered Agent	
			81	Name		
	D, KOKO		-	Creat A	toon (D.O. Box Number in Not Accorded to	
	HARTLEY ROAD		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITI	E 104		83	<u> </u>		
JACH	(SONVILLE FL 32257					
			84	City	85 Zip Code	
44 Durquant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutos	the abou	l named cor	poration submits this statement for the purpose of changing its registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was auth	orized by	the corporat	ion's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agen	t and tille if applicable (MOTS: Re	olelorad Aco	ol e agastire requis	ed when reinstaling) DATE	
12.		D DIRECTORS	13.	in signam o requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	DELETE	1.1 TITLE		Change Addition	
NAME	JACKER, STEVEN I		12 NAME		878378890007	
STREET ADDRESS	15 PLAYER CLUB VILLAS	1	ľ	TADORESS	-08/24/9901010004	
1	PONTE VEDRA BEACH FL 3208	20		}	****150.00 ****150.00	
CFTY-ST-ZIP TITLE	D	DELETE	1.4 CITY-S 2.1 TITLE	II.ZIP	☐ Change ☐ Addition	
NAME	JACKER, MARVIN	Coccere	22 NAME			
STREET ADDRESS	15 PLAYER CLUB VILLAS			TADORESS		
CITY-\$T-ZIP	PONTE VEDRA BEACH FL 3208		2 4 CITY-5	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME		}	
STREET ADDRESS		ļ ,		TADORESS		
CITY-ST-ZIP			3 4. CITY-5	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	-	☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS		į	43 STREE	TADORESS		
CITY-ST-ZIP			44 CITY-S	T-ZIP		
TILE		☐ DELETE	51 TITLE	ļ	☐ Change ☐ Addition	
NAME			52 NAME			
STREET ADDRESS		J	53 STREE	TADORESS		
CMY-ST-ZIP			54 CiTY-S	T-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition	
NAME		ľ	6.2 NAME	1		
STREET ADDRESS		J	63 STREE	TADORESS		
CITY-ST-ZIP			64 CITY-S	T-21P	K	

14. I hereby certify that the information supplied with his 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 innual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the contration or the reporter 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

Steven I. Jacker, Provided 4/27/99 (904) 821-808/

## KOKO HEAD, P. A.

Attorney at Law

Star Nine Building 2970 Hartley Rd., Suite 104 Jacksonville, Florida 32257 Telephone: (904) 262-5600 Facsimile: (904) 262-1300 E-Mail: KokoHeadPA@juno.com

August 3, 1999

Annual Reports Filings
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Bridge Management, Inc.--Corporation No.: P97000105621

To whom it may concern:

Re:

I represent Bridge Management, Inc. and also serve as its' registered agent. In reviewing my client's files, I discovered the enclosed 1999 Annual Report which apparently was not forwarded by Mr. Steven I. Jacker. Mr. Jacker was hospitalized for a heart attack at the end of April and apparently did not forward this to the Division of Corporations prior to being hospitalized. I can provide documentation of Mr. Jacker's hospitalization if the Department requires the same.

I have enclosed the original Annual Report with the standard filing fee of \$150.00. I respectfully request that the late filing fee of \$400.00 be waived in light of Mr. Jacker's medical condition. Should you require anything further, please don't hesitate to give me a call.

Sincerely,

Koko Head Koko Head

KH/kbm Enclosures