

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000002229 (3)**

1. Corporation Name
BRIDGE PARTNERS, INC.



Principal Place of Business: **2950 BUSKIRK AVENUE SUITE 312 WALNUT CREEK CA 94596 US**
Mailing Address: **2950 BUSKIRK AVENUE SUITE 312 WALNUT CREEK CA 94596 US**

3. Date incorporated or Qualified: **05/12/1993**
3a. Date of Last Report: **05/01/1995**
4. FLI Number: **68-0226952**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. City & State
23. Zip
24. Country

9. Name and Address of Current Registered Agent
**ROBERSON, PAMELA
TERRACE POINTE APARTMENTS
11305 NORTH 51ST STREET
TAMPA FL 33617**

10. Name and Address of New Registered Agent (81-85)
81 Name: **LORETTA HODGES**
82 Street Address (P.O. Box Number is Not Acceptable): **SUNSCAPE APTS
13617 FLETCHER REGENCY DR**
83 City: **TAMPA**
84 State: **FL**
85 Zip Code: **33613**

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. Thereby accept the appointment as registered agent, I am:

SIGNATURE: *Loretta Hodges* (Signature of Registered Agent)
Loretta Hodges (Signature of Agent)
6/11/96 (Date)

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	KLEIN, STEVEN S	
STREET ADDRESS	2950 BUSKIRK AVE, #312	
CITY-ST-ZIP	WALNUT CREEK CA	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	BEALL, KENNETH L	
STREET ADDRESS	1307 WEST AVENUE, SUITE E	
CITY-ST-ZIP	AUSTIN TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: *Steven S Klein* **STEVEN S KLEIN** 6/3/96 (510)254-0822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day of Filing

CR2E034 (12/95)