

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

FILED
Jun 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G60645 (0)

1. Corporation Name
BRIDGESTAR, INC.



Principal Place of Business 112 WEST ADAMS STREET SUITE 1801 JACKSONVILLE FL 32202	Mailing Address 112 WEST ADAMS STREET SUITE 1801 JACKSONVILLE FL 32202-3887
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2. Principal Place of Business 21 2317 MILLER OAKS DR. S.	2a. Mailing Address 26 2317 MILLER OAKS DR. S.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State JACKSONVILLE, FLA	28 City & State JACKSONVILLE, FLA
24 Zip 32217	25 Country
29 Zip 32217	30 Country

3. Date Incorporated or Qualified 09/15/1983	3a. Date of Last Report 04/16/1996
4. FEI Number 59-2329154	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ANDERSON, KENNETH G.
 1301 GULF LIFE DR.
 SUITE-2540 GULF LIFE TOWER
 JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOEKENGA, EARL N	
STREET ADDRESS	2317 MILLER OAKS DR, S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HOEKENGA, HELEN B.	
STREET ADDRESS	2317 MILLER OAKS DRIVE, SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOEKENGA, CHRISTIAN M.	
STREET ADDRESS	23410 WELLINGTON COURT BLVD.	
CITY-ST-ZIP	SPRING TX	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HOEKENGA, CHRISTIAN M.	
1.3 STREET ADDRESS	23410 WELLINGTON CT BLVD	
1.4 CITY-ST-ZIP	SPRING, TEXAS 77389	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID E HOEKENGA	
2.3 STREET ADDRESS	3305 MAJESTIC RIDGE	
2.4 CITY-ST-ZIP	LAS CRUCES, NEW MEXICO 88011	
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 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: *Christian M. Hoekenga* *slalag*

CR2E034 (9/96)