

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 202184 (8)

1. Corporation Name  
**BAL-BRIDGE CORPORATION**



Principal Place of Business: 10240 COLLINS AVE BAL HARBOUR MIAMI BCH FL 33154  
 Mailing Address: 10240 COLLINS AVE BAL HARBOUR MIAMI BCH FL 33154

3. Date Incorporated or Qualified: 05/03/1957  
 3a. Date of Last Report: 04/04/1995  
 4. FEI Number: 59-0819674  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$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  
 Suite, Apt. #, etc.: 22  
 City & State: 23  
 Zip: 24 Country: 25  
 2a. Mailing Address: 26  
 Suite, Apt. #, etc.: 27  
 City & State: 28  
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

STANTON, FRED R.  
 1111 LINCOLN ROAD  
 SUITE 600  
 MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: BECKER + POLIAKOFF P.A.  
 82 Street Address (P.O. Box Number is Not Acceptable): 3111 STIRLING ROAD  
 83 Post Office Box: 3049057  
 84 City: FT LAUDERDALE FL 85 Zip Code: 33310-9057

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 607.0507, Florida Statutes.

SIGNATURE: *Ignatius W. Adams* 3/4/96

12. OFFICERS AND DIRECTORS

TITLE	P	ADAMS, IGNATIUS W	<input type="checkbox"/> DELETE
NAME		L0240 COLLINS AVE	
STREET ADDRESS		BAL HARBOUR FL	
CITY - ST - ZIP			
TITLE	T	GAGNE, REJEAN	<input type="checkbox"/> DELETE
NAME		10240 COLLINS AVENUE	
STREET ADDRESS		BAL HARBOUR FL	
CITY - ST - ZIP			
TITLE	V	ROCHMUTH, JOHN	<input type="checkbox"/> DELETE
NAME		10240 COLLINS AVE.	
STREET ADDRESS		BAL HARBOUR FL	
CITY - ST - ZIP			
TITLE	S	HAROLD BLAUVELT	<input type="checkbox"/> DELETE
NAME		10240 COLLINS AVE	
STREET ADDRESS		BAL HARBOUR, FLA	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CAROL A. ADAMS
2.3 STREET ADDRESS	10240 COLLINS AVE
2.4 CITY - ST - ZIP	BAL HARBOUR, FLA
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 checked="" type="checkbox"/> Addition
4.2 NAME	HAROLD BLAUVELT
4.3 STREET ADDRESS	10240 COLLINS AVE
4.4 CITY - ST - ZIP	BAL HARBOUR, FLA.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	800001735349
5.3 STREET ADDRESS	-03/07/96--01043--003
5.4 CITY - ST - ZIP	***200.00
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, and 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: *Ignatius W. Adams, PR 20*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IGNATIUS W. ADAMS 2/9/96 305 865-3270  
 Daytime Phone #

CR2E034 (12/95)