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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N50274 (2)
1. Corporation Name
BRIDGES OF AMERICA, THE ORLANDO BRIDGE, INC.



Principal Place of Business Mailing Address
2055 MERCY DR ORLANDO FL 32808 US
2055 MERCY DR ORLANDO FL 32808-5613 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/07/1992	3a. Date of Last Report 02/07/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-2013044	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
COSTANTINO, FRANK 2055 MERCY DR ORLANDO FL 32808-5620				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	COSTANTINO, FRANK		1.1 TITLE			
NAME		5519 BAYSIDE DRIVE		1.2 NAME			
STREET ADDRESS		ORLANDO FL		1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP	Zip 32819		
TITLE	D	MCMURTRY, GRADY		2.1 TITLE			
NAME		4698 HALL RD		2.2 NAME			
STREET ADDRESS		ORLANDO FL		2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Zip 32817		
TITLE	D	POITRAS, EDWARD W		3.1 TITLE			
NAME		27 B MOORE RD		3.2 NAME			
STREET ADDRESS		HAINES CITY FL		3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Zip 33844		
TITLE	D	HARRISON, BEN		4.1 TITLE			
NAME		RT 1 BOX 1189		4.2 NAME			
STREET ADDRESS		CLERMONT FL		4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Zip 34711		
TITLE	D	BROWN, DON		5.1 TITLE			
NAME		1375 COUNTY RD 565A		5.2 NAME			
STREET ADDRESS		CLERMONT FL		5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Zip 34711		
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

CR2E037 (9/96)

SIGNATURE DATE 1 10 97