

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

BOA
#443010
61.25

DOCUMENT # N94000002419 (9)

1. Corporation Name

BRIDGES OF AMERICA - THE LAUDERHILL BRIDGE, INC.



Principal Place of Business

Mailing Address

~~2100 BRENGLE AVE~~
ORLANDO FL 32808-5629

~~2100 BRENGLE AVE~~
ORLANDO FL 32808-5629

3. Date Incorporated or Qualified
05/13/1994

3a. Date of Last Report
02/14/1995

2. Principal Place of Business
21 **2055 Mercy Drive**

2a. Mailing Address
26 **2055 Mercy Drive**

4. FEI Number
65-0499167

Applied For
Not Applicable

22 Suite, Apt. #, etc.
23 **Orlando FL**

27 Suite, Apt. #, etc.
28 **Orlando FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **32807** 25 Country

29 Zip **32808** 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COSTANTINO, FRANK
~~2100 BRENGLE AVE~~
ORLANDO FL 32808-5629

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2055 Mercy Drive
83
84 City
FL 85 Zip Code

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSTANTINO, FRANK	1.2 NAME	
STREET ADDRESS	5519 BAYSIDE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	32819
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMURTRY, GRADY	2.2 NAME	
STREET ADDRESS	4698 HALL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32817	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POITRAS, EDWARD W	3.2 NAME	
STREET ADDRESS	27B MOORE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, BEN	4.2 NAME	
STREET ADDRESS	P O BOX 1189 RT 1	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 32711	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DON	5.2 NAME	
STREET ADDRESS	1375 COUNTY RD 565A	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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 on an attachment with an address.

SIGNATURE: *Frank Costantino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96
Date

Daytime Phone #

CR2E037 (12/95)