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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # N9400002419 (9)

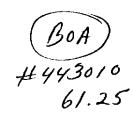
BRIDGES OF AMERICA - THE LAUDERHILL BRIDGE, INC.

Principal Place of Business

Mailing Address

2100 BRENGLE AVE ORLANDO FL 32808-5629 •

2100 BRENGLE AVE ORLANDO FL 32808-5629





					05/13/1994		
	ace of Business	2a. Mailing Address		n .	4. FEI Number	<u> </u>	Applied For
21 2055 Mercy Drine 26 2055 Mercy Suite Apt # etc.				Wrine	65-0499167		Not Applicable
22		Suite, Apt. #, etc. 27	<u>.</u>		5. Certificate of Status Desired	1 1 7 -	Additional Required
23 Ollar	noto F1	28 Orland	ю	F1	Election Campaign Financing Trust Fund Contribution		May Be
[24] ^{Zp} 3み8(Country	Zip 2 3 2 4 2	Counti	T y	8. This corporation has liability for Inl		199.032,
24 300	9. Name and Address of Current	Pagistared Apopt	30			Yes (P) No	
-	3. Name and Address of Current	wañistalan wâaut	1 Name	10. Name and Address of New Registered Agent			
COCTANTINO FDANIZ							
COSTANTINO, FRANK 2100 Brengle ave				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 AUSS Mercy Drine			
Onicari	70 TE 32000-3029						
			84	4 City		FL 85 24	p Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above				. I -named corporati	ion submits this statement for the purpo	noo of observing its a	egistered office
or registere	ed agent, or both, in the State of Florida h, and accept the obligations of, Section	a. Such change was authorized	by the cor	poration's board	of directors. I hereby accept the appoin	ntment as registered	agent. I am
SIGNATURE	,	The state of the s					
	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	: Registered Ag	ent signature required w	hen reinstating)	DATE	₋
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	
TULE	D	DELETE	1.1 TITLE			Change	Addition \$
NAME	COSTANTINO, FRANK		1.2 NAME				3
STREET ADDRESS	5519 BAYSIDE DR		1.3 STREE	T ADDRESS	22.242		
CITY - ST - ZIP	ORLANDO FL	f Doc. Exc	1.4 CITY-ST-ZIP		328 <i>i</i>		6
TITLE	D	DELETE	2.1 TITLE			Change	Addition C
NAME STORY LEBESCO	MCMURTRY, GRADY		2 2 NAME				
STREET ADDRESS	4698 HALL RD			T ADDRESS			
CITY-ST-ZIP TITLE	ORLANDO FL 32817			-ST-ZIP			D 4455
NAME	DOITDAS EDWADD W		3 1 TITLE			Change	☐ Addition
STREET ADDRESS	POITRAS, EDWARD W 27B MOORE RD		3.2 NAME				
CITY-SI-ZIP	HAINES CITY FL 33844		3.4 CITY	T ADDRESS			[
TITLE			4.1 TITLE	- 31 - ZIF		Change	Addition
NAME	HARRISON, BEN		4. 2 NAME			onungo	
STREET ADDRESS	P O BOX 1189 RT 1			T ADDRESS			
CITY-ST-ZIP	CLERMONT FL 32711		4.4 CITY	ST-ZIP			
TITLE	D	DELETE	5.1 TITLE			☐ Change	Addition
NAME	BROWN, DON		52 NAME				_
STREET ADDRESS	1375 COUNTY RD 565A		5.3 STREE	T ADDRESS			
C-TY-ST-Z-P			54 CITY-	-ST-ZIP			
TITLE		DELETE	6 1 TITLE			☐ Change	Addition
NAME			62 NAME				
STHEET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			
Certify that	the information indicated on this annua	i report or supplemental annua	l report is to	ue and accurate .	the exemption stated in Section 119.07 and that my signature shall have the sa	ima lanal affact se if	made under
oath; that I appears in	am an officer or director of the corpora Block 12 or Block 13 if phanned. A on	ition of the receiver or trustee of all attachment with an address	empowered is	to execute this re	eport as required by Chapter 617, Florid	da Statutes; and tha	t my name
SIGNATURE: 1996							
	SIGNATURE AND TYPED OR	RINTED NAME OF SIGNING OFFICER	OR DIRECTOR		Dete	Deytime Phone #	,