

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H52744 (0)**
1. Corporation Name

BRIDGE VENTURES, INC.



Principal Place of Business: **1345 WESTWAY DRIVE, SARASOTA FL 34236**
Mailing Address: **1345 WESTWAY DRIVE, SARASOTA FL 34236**

3. Date Incorporated or Qualified: **04/17/1985**
3a. Date of Last Report: **07/19/1995**
4. FEI Number: **NOT APPLICABLE**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$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: **1241 GULF OF MEXICO DR, 408, LONGBOAT KEY, FL, 34228, USA**
2a. Mailing Address: **1241 GULF OF MEXICO DR, 408, LONGBOAT KEY, FL, 34228, USA**

**FREEDMAN, ANNELIES
1345 WESTWAY DRIVE
SARASOTA FL 34236**

10. Name and Address of New Registered Agent:
81 Name: **HARRIS FREEDMAN**
82 Street Address (P.O. Box Number is Not Acceptable): **1241 GULF OF MEXICO DR**
83 City: **LONGBOAT KEY, FL**
84 Zip Code: **34228**

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: *Harris Freedman*
Signature, typed or printed name of registered agent and title, if applicable.

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DPS	<input type="checkbox"/>
NAME	FREEDMAN, ANNELIES	
STREET ADDRESS	1345 WESTWAY DR.	
CITY - ST - ZIP	SARASOTA FL	
TITLE	AS	<input type="checkbox"/>
NAME	FREEDMAN, HARRIS	
STREET ADDRESS	1345 WESTWAY DR.	
CITY - ST - ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/>
NAME	FREEDMAN, MICHAEL	
STREET ADDRESS	225 E 63RD ST	
CITY - ST - ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
11 TITLE	FREEDMAN, ANNELIES	<input type="checkbox"/>	<input type="checkbox"/>
12 NAME	1241 GULF OF MEXICO		
13 STREET ADDRESS	LONGBOAT KEY, FL 34228		
14 CITY - ST - ZIP			
21 TITLE	FREEDMAN, HARRIS	<input type="checkbox"/>	<input type="checkbox"/>
22 NAME	1241 GULF OF MEXICO DR		
23 STREET ADDRESS	LONGBOAT KEY, FL 34228		
24 CITY - ST - ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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 included 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: *Harris Freedman Sec.* **HARRIS FREEDMAN** **7/15/96** **941 387-8388**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date/Phone #

CR2E034 (3/96)