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Jul 23 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 # N45578 (4)

1. Corporation Name

BUILDING BRIDGES, CORP.

Principal Place of Business

Mailing Address

5849 OKEECHOBEE BLVD.  
SUITE 201A  
W PALM BEACH FL 33417

5849 OKEECHOBEE BLVD.  
SUITE 201A  
W PALM BEACH FL 33417-4321



2. Principal Place of Business

2a. Mailing Address

21 1502 Highland Lane

26 PO Box 1190

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Delray Beach, FL

City & State

28 Boynton Beach, FL

Zip

24 33444

Country

Zip

29 33425

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JANET ATKINSON  
1502 HIGHLAND LANE  
DELRAY BEACH FL 33407 33444

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code 33444

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

*Janet Atkinson*

June 10, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME RESCH, BETTY  
STREET ADDRESS 297 S L STREET  
CITY-ST-ZIP LAKE WORTH FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DS  
NAME BARBARA ELLEN  
STREET ADDRESS 653 BRACKENWOOD COVE  
CITY-ST-ZIP PALM BEACH GARDENS FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DT  
NAME ATKINSON, JANET  
STREET ADDRESS 1502 HIGHLAND LANE  
CITY-ST-ZIP DELRAY BCH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 on an attachment with an address.

SIGNATURE *Janet Atkinson*

June 10, 1997 5:11 PM - 8349

CR2037 (9/96)