

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

DOCUMENT # N93000002016 (4)

1. Corporation Name
THE BRIDGE TO VICTORY INCORPORATED



Principal Place of Business: **4220 NW 21 STREET, #219 LAUDERHILL FL 33313**
Mailing Address: **P.O. BOX 1142 FT. LAUDERDALE FL 33302**

3. Date Incorporated or Qualified: **04/30/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
	25		30

4. FEI Number 65-0414957	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KITE, JUDITH A
4220 NW 21 ST., #219
LAUDERHILL FL 33313**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
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	PD KITE, JEROME M <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITE, JEROME M	1.2 NAME	
STREET ADDRESS	4220 NW 21 ST., #219	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313	1.4 CITY-ST-ZIP	
TITLE	TD KITE, JUDITH A <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITE, JUDITH A	2.2 NAME	
STREET ADDRESS	4220 NW 21 ST., #219	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313	2.4 CITY-ST-ZIP	
TITLE	VPD BACON, PHILLIP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACON, PHILLIP	3.2 NAME	
STREET ADDRESS	5980 NW 16TH PLACE, #11	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33313	3.4 CITY-ST-ZIP	
TITLE	SD FELIX, DALE C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELIX, DALE C	4.2 NAME	
STREET ADDRESS	3500 SW 47TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33023	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Jerome M. Kite, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2-23-96**
Daytime Phone #: **(954) 739-5086**

CR2E037 (12/95)