FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:33

DOCUMENT # N94000002416 (5)

1. Corporation Name
BRIDGES OF AMERICA - THE DADE BRIDGE, INC.

Principal Place of Business	Mailing Address
2100 BRENGLE AVE ORLANDO FL 32808-5629	2100 BRENGLE AVE ORLANDO FL 32808-5629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/13/1994
3a. Date of Last Report:
4. FEI Number: 59-3295590 ☐ Applied For ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

COSTANTINO, FRANK
2100 BRENGLE AVE
ORLANDO FL 32808-5629

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition
NAME	COSTANTINO, FRANK	12 NAME	
STREET ADDRESS	~~2030 PEACHTREE RD~~	13 STREET ADDRESS	5519 Bayside Drive
CITY-ST-ZIP	~~ST CLOUD FL 32769~~	14 CITY-ST-ZIP	Orlando, Fl 32819
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MCMURTRY, GRADY	22 NAME	
STREET ADDRESS	4888 HALL RD	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32817	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☑ Change ☐ Addition
NAME	KELLEY, MIKE	32 NAME	
STREET ADDRESS	2096 CAMELOT BLVD	33 STREET ADDRESS	No Longer A Board Member
CITY-ST-ZIP	ST CLOUD FL 34772	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	POITRAS, EDWARD W	42 NAME	
STREET ADDRESS	27B MOORE RD	43 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HARRISON, BEN	52 NAME	
STREET ADDRESS	P O BOX 1189 RT 1	53 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 32711	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BROWN, DON	62 NAME	
STREET ADDRESS	1375 COUNTY RD 565A	63 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	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)(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: Frank Costantino 2/8/95 (407) 291-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004317