

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

BOA
443010
61.25

DOCUMENT # N94000005647 (2)

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



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

3. Date Incorporated or Qualified **11/16/1994** 3a. Date of Last Report **02/27/1995**

2. Principal Place of Business 2a. Mailing Address
21 **2055 Mercy Drive** 26 **2055 Mercy Drive**

4. FEI Number **59-3289594** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 **Orlando FL** 28 **Orlando FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 **32808** 25 Country 29 **32808** 30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COSTANTINO, FRANK
2100 BRENGLE AVE
ORLANDO FL 32808-5629**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **2055 Mercy Drive**
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input type="checkbox"/> DELETE
NAME	COSTANTINO, FRANK
STREET ADDRESS	5519 BAY SIDE DR
CITY-ST-ZIP	ORLANDO FL 32819
TITLE	D <input type="checkbox"/> DELETE
NAME	MCMURTRY, GRADY
STREET ADDRESS	4698 HALL RD
CITY-ST-ZIP	ORLANDO FL 32817
TITLE	D <input type="checkbox"/> DELETE
NAME	BROWN, DON
STREET ADDRESS	1375 COUNTY RD 565A
CITY-ST-ZIP	CLERMONT FL 34711
TITLE	D <input type="checkbox"/> DELETE
NAME	POITRAS, EDWARD W
STREET ADDRESS	27 B MOORE RD
CITY-ST-ZIP	HAINES CITY FL 33844
TITLE	D <input type="checkbox"/> DELETE
NAME	HARRISON, BEN
STREET ADDRESS	PO BOX 1189 RT 1
CITY-ST-ZIP	CLERMONT FL 32711
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Frank Costantino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96
Date Daytime Phone #

CR2E037 (12/95)