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Apr 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001344

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

Principal Place of Business 2055 MERCY DR ORLANDO FL 32808-5629	Mailing Address 2055 MERCY DR ORLANDO FL 32808-5629
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/12/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3366721
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COSTANTINO, FRANK 2055 MERCY DR ORLANDO FL 32808-5629		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 _____ 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTANTINO, FRANK	1.2 NAME	
STREET ADDRESS	5519 BAY SIDE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMURTRY, GRADY	2.2 NAME	
STREET ADDRESS	4698 HALL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32817	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DON	3.2 NAME	
STREET ADDRESS	1375 COUNTY RD 565A	3.3 STREET ADDRESS	6325 WHIP-O-WILL LANE
CITY-ST-ZIP	CLERMONT FL 34711	3.4 CITY-ST-ZIP	ST CLOUD FL 34771
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POITRAS, EDWARD W	4.2 NAME	
STREET ADDRESS	27B MOORE RD	4.3 STREET ADDRESS	27 LAKE HAMILTON BEACH
CITY-ST-ZIP	HAINES CITY FL 33844	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, BEN	5.2 NAME	
STREET ADDRESS	PO BOX 1189 RT 1 N/A	5.3 STREET ADDRESS	15835 HIGHWAY 50
CITY-ST-ZIP	CLERMONT FL 32711	5.4 CITY-ST-ZIP	CLERMONT FL 34711
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 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, with all other like empowered.

SIGNATURE:  **REQUIRED** 2/23/99 (407) 291-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)