FILE NOW: FILING FEE PROFIT CORPORATION ANNUAL REPORT 1996	AFTER MAY 1 IS FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	MENT OF STATE Mortham of State		
DOCUMENT # P94000078558 (1) 1. Construction Name BRIDGEPORT INCORPORATED				
Principal Place of Business 3974 75TH ST WEST SUITE 904 BRADENTON FL 34209 US	Mailing Address 7316 MANATEE AVE. W BRADENTON FL 34209	#29 9	3. Date Incorporated or Qualified 10/24/1994	36. Date of Last Report 05/01/1995
2. Principal Place of Business 21. 677 WASHINGTUN BLVD, N Suite, Apt. #, etc.	WASHINGTUN BLVD, NO 26 677 WASHINGTON BLVD, NO		4. FEI Number 65-0534687	Applied For Not Applicable \$8.75 Additional
22 SUITE 21 Ofly 8 State	State City & State		 Certificate of Status Desired Election Campaign Financing 	Fee Required
23 SARASOTA FL	28 SARASOTA	A FL Country	Trust Fund Contribution	Added to Fees
24 34 236 25 SARASOTA 9. Name and Address of Current		SARASITA	B. This corporation has liability for it Florida Statutes X Yes 10. Name and Address of New R	□ No
MARTIN, ROBERT J 3974 75TH ST. WEST, #904 BRADENTON FL 34209	and 64 1508 Florida Statutes	83 SU (84 CitySAR	ss (P.O. Box Number is Not Acceptable ASH (NGTUN BLV) TE 2. LA SOTA	
or registered agent, or thith, in the State of Loda familiar with, and account the obligations of Poch SIGNATURE	n 607/0505, Florida Statutes.	by the corporation's board	of directors. I hereby accept the appoint	2/22/96
12. OFFICERS AND TULE P NAME MARTIN, ROBERT J STREET ADDRESS 3974 75TH ST W SUITE 904 BRADENTON FL		13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFI	
CITY-SI ZIF DIFFULTION TE THEF NAME STREE: ADDRESS, CITY-SI-ZIF	DELETE	1.4 C(1Y - ST- 2)P 2.1 Title 2.2 NAME 2.3 STREET ADORESS 2.4 C(1Y - ST- 2)P	ARASOFA, FL ce - Plesident hn R. MArtin 7 Washington Blud.	No. Sude 21
ITT:F NAME STREET ALORESS CITY-ST-ZIP	DELETE	3 1 TILE 32 NAME 33 STREET ADDRESS 34 CITY- ST-ZIP		Change Addition
TIPLE NAME STREET ACORESS CITY - ST-ZIP	DEI EIE	4. 1 TIFLE 4 2 NAME 4 3 STREE1 ADDRESS 4 4 CITY - ST - ZIP		Change Addition
TPUE NAME STREET ACORESS CITY - ST-ZIP	DELETE	5 1 TITLE 5 2 NAME 5 3 STREET AUDRESS 5 4 CITY - ST - ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP	DEFEIE	6 1 THLE 6 2 NAME 6 3 STREFT ADDRESS 6 4 City - St - Zip		Change Addition
14. I do hereby certify that the information supplied with this fring 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 on the receiver or trusted impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 19 if or an attachment with a raddress. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OF PRINTED Name of signing OFFICER OF Direction				