


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000046688 1. Corporation Name COMKOR BRIDGE CONSTRUCTION CORP					
Principal Place of Business 54 VIA VERONA PB GARDENS, FL 33418			Mailing Address 54 VIA VERONA PB GARDENS, FL 33418		
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 City 24 Zip 25 Country		2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 City 29 Zip 30 Country		3. Date Incorporated or Qualified 06/01/96 3a. Date of Last Report INITIAL REP. 4. FEI Number 65-0679496 5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent KEVIN F. RICHARDSON, ESQ. CLYATT & RICHARDSON, P.A. 1551 FORUM PLACE, #300-F WEST PALM BEACH, FL 33401			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS 11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY - ST - ZIP 11.5 TITLE 11.6 NAME 11.7 STREET ADDRESS 11.8 CITY - ST - ZIP 11.9 TITLE 11.10 NAME 11.11 STREET ADDRESS 11.12 CITY - ST - ZIP 11.13 TITLE 11.14 NAME 11.15 STREET ADDRESS 11.16 CITY - ST - ZIP 11.17 TITLE 11.18 NAME 11.19 STREET ADDRESS 11.20 CITY - ST - ZIP 11.21 TITLE 11.22 NAME 11.23 STREET ADDRESS 11.24 CITY - ST - ZIP 11.25 TITLE 11.26 NAME 11.27 STREET ADDRESS 11.28 CITY - ST - ZIP 11.29 TITLE 11.30 NAME 11.31 STREET ADDRESS 11.32 CITY - ST - ZIP 11.33 TITLE 11.34 NAME 11.35 STREET ADDRESS 11.36 CITY - ST - ZIP 11.37 TITLE 11.38 NAME 11.39 STREET ADDRESS 11.40 CITY - ST - ZIP 11.41 TITLE 11.42 NAME 11.43 STREET ADDRESS 11.44 CITY - ST - ZIP 11.45 TITLE 11.46 NAME 11.47 STREET ADDRESS 11.48 CITY - ST - ZIP 11.49 TITLE 11.50 NAME 11.51 STREET ADDRESS 11.52 CITY - ST - ZIP 11.53 TITLE 11.54 NAME 11.55 STREET ADDRESS 11.56 CITY - ST - ZIP 11.57 TITLE 11.58 NAME 11.59 STREET ADDRESS 11.60 CITY - ST - ZIP 11.61 TITLE 11.62 NAME 11.63 STREET ADDRESS 11.64 CITY - ST - ZIP 11.65 TITLE 11.66 NAME 11.67 STREET ADDRESS 11.68 CITY - ST - ZIP 11.69 TITLE 11.70 NAME 11.71 STREET ADDRESS 11.72 CITY - ST - ZIP 11.73 TITLE 11.74 NAME 11.75 STREET ADDRESS 11.76 CITY - ST - ZIP 11.77 TITLE 11.78 NAME 11.79 STREET ADDRESS 11.80 CITY - ST - ZIP 11.81 TITLE 11.82 NAME 11.83 STREET ADDRESS 11.84 CITY - ST - ZIP 11.85 TITLE 11.86 NAME 11.87 STREET ADDRESS 11.88 CITY - ST - ZIP 11.89 TITLE 11.90 NAME 11.91 STREET ADDRESS 11.92 CITY - ST - ZIP 11.93 TITLE 11.94 NAME 11.95 STREET ADDRESS 11.96 CITY - ST - ZIP 11.97 TITLE 11.98 NAME 11.99 STREET ADDRESS 11.100 CITY - ST - ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY - ST - ZIP 12.5 TITLE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY - ST - ZIP 12.9 TITLE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY - ST - ZIP 12.13 TITLE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY - ST - ZIP 12.17 TITLE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY - ST - ZIP 12.21 TITLE 12.22 NAME 12.23 STREET ADDRESS 12.24 CITY - ST - ZIP 12.25 TITLE 12.26 NAME 12.27 STREET ADDRESS 12.28 CITY - ST - ZIP 12.29 TITLE 12.30 NAME 12.31 STREET ADDRESS 12.32 CITY - ST - ZIP 12.33 TITLE 12.34 NAME 12.35 STREET ADDRESS 12.36 CITY - ST - ZIP 12.37 TITLE 12.38 NAME 12.39 STREET ADDRESS 12.40 CITY - ST - ZIP 12.41 TITLE 12.42 NAME 12.43 STREET ADDRESS 12.44 CITY - ST - ZIP 12.45 TITLE 12.46 NAME 12.47 STREET ADDRESS 12.48 CITY - ST - ZIP 12.49 TITLE 12.50 NAME 12.51 STREET ADDRESS 12.52 CITY - ST - ZIP 12.53 TITLE 12.54 NAME 12.55 STREET ADDRESS 12.56 CITY - ST - ZIP 12.57 TITLE 12.58 NAME 12.59 STREET ADDRESS 12.60 CITY - ST - ZIP 12.61 TITLE 12.62 NAME 12.63 STREET ADDRESS 12.64 CITY - ST - ZIP 12.65 TITLE 12.66 NAME 12.67 STREET ADDRESS 12.68 CITY - ST - ZIP 12.69 TITLE 12.70 NAME 12.71 STREET ADDRESS 12.72 CITY - ST - ZIP 12.73 TITLE 12.74 NAME 12.75 STREET ADDRESS 12.76 CITY - ST - ZIP 12.77 TITLE 12.78 NAME 12.79 STREET ADDRESS 12.80 CITY - ST - ZIP 12.81 TITLE 12.82 NAME 12.83 STREET ADDRESS 12.84 CITY - ST - ZIP 12.85 TITLE 12.86 NAME 12.87 STREET ADDRESS 12.88 CITY - ST - ZIP 12.89 TITLE 12.90 NAME 12.91 STREET ADDRESS 12.92 CITY - ST - ZIP 12.93 TITLE 12.94 NAME 12.95 STREET ADDRESS 12.96 CITY - ST - ZIP 12.97 TITLE 12.98 NAME 12.99 STREET ADDRESS 12.100 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: CA Comyns-Korpi CAROL ANNE COMYNS-KORPI 4-29-97 (561) 478-3491 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)