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May 08 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 # P96000052155 (4)

1. Corporation Name
8855 S.E. BRIDGE ROAD, INC.



Principal Place of Business
6671 WEST INDIANTOWN ROAD STE 62
JUPITER FL 33477

Mailing Address
6671 WEST INDIANTOWN ROAD STE 62
JUPITER FL 33458-3984

3. Date Incorporated or Qualified 06/17/1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

VAN KEUREN, PETER S
1001 ALTERNATE A1A
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name MICHAEL J. CIOFFI
82 Street Address (P.O. Box Number is Not Acceptable)
16220 MILDEN LANE
83
84 City JUPITER FL 85 33477

11. Pursuant to the provisions of Sections 607.0507 and 607.0508, 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: *Michael J. Cioffi* MICHAEL J. CIOFFI PRESIDENT DATE: 4-30-97

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	VAN KEUREN, PETER S ESQ.	
STREET ADDRESS	1001 ALTERNATE A1A	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	DELETE
NAME	CIOFFI, MICHAEL J	
STREET ADDRESS	6671 WEST INDIANTOWN ROAD STE 62	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	DELETE
NAME	VEGLIA, ROBERT	
STREET ADDRESS	6671 WEST INDIANTOWN ROAD STE 62	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

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***165.00

14. I do 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 or changes, or on an attachment with an address.

SIGNATURE: *Michael J. Cioffi* MICHAEL J. CIOFFI PRESIDENT DATE: 4-30-97 561 575 6818

CR2E034 (9/96)