

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # J38072 (1)**  
1. Corporation Name  
**PM & ASSOCIATES OF BREVARD, INC.**



Principal Place of Business  
**1973 GUAVA AVE.  
MELBOURNE FL 32935**

Mailing Address  
**1973 GUAVA AVE.  
MELBOURNE FL 32935**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/15/1986</b>		3a. Date of Last Report <b>08/10/1995</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2158630</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

**PEEPLES, JAMES W., III  
505 NORTH ORLANDO AVE.  
COCOA BCH. FL 32931**

**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
	<b>FL</b>

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**

Signature, typed or printed name of registered agent and the date of appointment

(If Not Registered Agent Signature Required, When Registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THELANDER, MICHAEL A.K</b>	1.2 NAME	
STREET ADDRESS	<b>2700 CROTON RD. 2-19</b>	1.3 STREET ADDRESS	<b>1973 Guava Ave.</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	1.4 CITY-ST-ZIP	<b>Melbourne, FL. 32935</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>THELANDER, MICHAEL A. JR.</b>	2.2 NAME	<b>1689 Palm Ridge Rd.</b>
STREET ADDRESS	<b>2700 CROTON RD 5-2</b>	2.3 STREET ADDRESS	<b>Melbourne, FL. 32935</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RHOADS, ROBERS</b>	3.2 NAME	
STREET ADDRESS	<b>304 BROOKEDGE ST. N.E.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THELANDER-MALLEO, PATRICIA</b>	4.2 NAME	<b>3844 St. Armens Cir.</b>
STREET ADDRESS	<b>3405 HOLLY SPRINGS DR.</b>	4.3 STREET ADDRESS	<b>Melbourne, FL. 32934</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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)(g), 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:** *[Signature]* **M.A. Thelander Jr. 5/9/96** **407-255-3883**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
U.P.

CR2E034 (12/95)