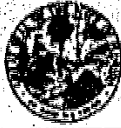


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 AMOUNT DUE ON OR BEFORE 8/9/95: \$228 (IF DISSOLVED, MEMBERSHIP AMOUNT DUE TO REINSTATE: \$378)

PROFIT CORPORATION
 ANNUAL REPORT
 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 AUG -9 AM 11:48

DOCUMENT # **L84755** (2)

1. Corporation Name
CUSTOM DOMES OF BREVARD, INC.

Principal Place of Business Mailing Address
1732 S HUNTINGTON LANE **100 CANEBREAKERS DR**
UNIT 2 **STE 105**
ROCKLEDGE FL 32955 **COCOA FL 32927**
US **US**

DO NOT WRITE IN THIS SPACE.

| | | | | | | | |
|--|--|------------------------|--|-----------------------------------|--|-------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 2144 Old Dixie Hwy | | 26 P.O. Box 561058 | | 06/27/1990 | | 05/01/1994 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 23 Titusville Fl. | | 20 Rockledge Fl. | | 59-3027853 | | Not Applicable | |
| 24 Zip 32796 | | 25 Country Brev. | | 29 Zip 32956-1058 | | 30 Country | |
| 5. Certificate of Status Desired | | | | 8.75 Additional Fee Required | | | |
| 6. Election Campaign Financing Trust Fund Contribution | | | | 5.00 May Be Added to Fees | | | |
| 8. This corporation has liability for intangible tax under s. 189.032 Florida Statutes | | | | | | | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| JARRELL, LARRY S. SR. 760B GREENSBORO RD. SA COCOA FL 32928 | | | | 81 Name Jarrell, Larry S. Sr. 82 Street Address (P.O. Box Number is Not Acceptable) 2144 Old Dixie Hwy 83 84 City Titusville Fl. FL 85 Zip Code 32796 | | | |

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: *Larry S. Jarrell Sr. Pres.* DATE: 8-4-95

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------|---|--|
| TITLE | P | 1.1 TITLE | P <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JARRELL, LARRY S., SR. | 1.2 NAME | Jarrell, Larry S., Sr. |
| STREET ADDRESS | 100 CANEBREAKERS DR., STE 105 | 1.3 STREET ADDRESS | 2144 Old Dixie Hwy |
| CITY - ST - ZIP | COCOA FL | 1.4 CITY - ST - ZIP | Titusville Fl. 32796 |
| TITLE | ST | 2.1 TITLE | ST <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JARRELL, BARBARA E. | 2.2 NAME | Jarell, Barbara E |
| STREET ADDRESS | 100 CANEBREAKERS DR., STE 105 | 2.3 STREET ADDRESS | 2144 Old Dixie Hwy |
| CITY - ST - ZIP | COCOA FL | 2.4 CITY - ST - ZIP | Titusville Fl. 32796 |
| TITLE | VP | 3.1 TITLE | VP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JARRELL, LARRY S JR | 3.2 NAME | Jarrell, Larry S. Jr. |
| STREET ADDRESS | 2700 ROTON RD #1-1 | 3.3 STREET ADDRESS | 2700 Croton Rd. #1-1 |
| CITY - ST - ZIP | MELBOURNE FL | 3.4 CITY - ST - ZIP | Melbourne Fl. |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 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 | | 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)(b), 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; 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 a block front with an address.

SIGNATURE: *Larry S. Jarrell Sr. Pres.* DATE: 8-4-95 407 269 4002

CR2E034 (3/95)