

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 APR -3 PM 6:08

DOCUMENT # **N09693** (5)

1. Corporation Name  
**BCARC HOMES II, INC.**

Principal Place of Business Mailing Address  
**880 BRIDLE LN  
ROCKLEDGE FL 32955  
US** **1694 CEDAR ST  
ROCKLEDGE FL 32955  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/11/1985</b>	3a. Date of Last Report <b>04/15/1994</b>
4. FEI Number <b>59-2864284</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.052, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>29</b>
Country <b>25</b>	Zip <b>30</b>

9. Name and Address of Current Registered Agent  
**DRESSLER, JAMES R  
110 DIXIE LANE  
COCOA BEACH 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 **FL** **85** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>
NAME	<b>RUSSELL, ELIZABETH</b>
STREET ADDRESS	<b>525 INDIAN RIVER AVE</b>
CITY - ST - ZIP	<b>TITUSVILLE FL</b>
TITLE	<b>C</b>
NAME	<b>LAIBL, JAMES C. JR.</b>
STREET ADDRESS	<b>3500 NORTH SYLVAN LANE</b>
CITY - ST - ZIP	<b>MELBOURNE FL</b>
TITLE	<b>TD</b>
NAME	<b>NUTTINS, CHUCK</b>
STREET ADDRESS	<b>719 EAST FRANCIS BLVD.</b>
CITY - ST - ZIP	<b>MELBOURNE FL</b>
TITLE	<b>C</b>
NAME	<b>OSBORNE, MAC</b>
STREET ADDRESS	<b>C/O TRAVIS HDW, 300 DELANNOY AVE</b>
CITY - ST - ZIP	<b>COCOA FL</b>
TITLE	<b>P</b>
NAME	<b>SCHWEINSBERG, JOHN R. JR.</b>
STREET ADDRESS	<b>850 BELHURST LN</b>
CITY - ST - ZIP	<b>ROCKLEDGE FL</b>
TITLE	<b>VP</b>
NAME	<b>BRUNS, PAUL</b>
STREET ADDRESS	<b>200 0 BANANA RIVER BLVD.</b>
CITY - ST - ZIP	<b>COCOA BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Russell, Elizabeth</b>	
1.3 STREET ADDRESS	<b>525 Indian River Ave.</b>	
1.4 CITY - ST - ZIP	<b>Titusville, FL 32796</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Laibl, James C. Jr.</b>	
2.3 STREET ADDRESS	<b>3500 North Sylvan Lane</b>	
2.4 CITY - ST - ZIP	<b>Melbourne, FL 32935</b>	
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Dixie Sanaom</b>	
3.3 STREET ADDRESS	<b>Brevard Co. Medical Society</b>	
3.4 CITY - ST - ZIP	<b>110 Barton Avenue Rockledge, FL 32955</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Osborne, Mac</b>	
4.3 STREET ADDRESS	<b>300 Delannoy Ave.</b>	
4.4 CITY - ST - ZIP	<b>Cocoa, FL 32922</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Schweinsberg, John R. Jr.</b>	
5.3 STREET ADDRESS	<b>850 Belhurst Lane</b>	
5.4 CITY - ST - ZIP	<b>Rockledge, FL 32955</b>	
6.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Bruns, Paul</b>	
6.3 STREET ADDRESS	<b>3165 N. Atlantic Ave., R.H. #4</b>	
6.4 CITY - ST - ZIP	<b>Cocoa Beach, FL 32931</b>	

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 or the sole or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13.

SIGNATURE: \_\_\_\_\_ DATE: **3-9-95** **407-690-3464**