

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 15 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N21842 (2)
 1. Corporation Name
 SOUTH BREVARD MOTHERS OF MULTIPLES, INC.



Principal Place of Business Mailing Address
 P. O. BOX 1295 3251 MELBOURNE FL 32902-1295 US
 P. O. BOX 1295-3251 MELBOURNE FL 32902-1295 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 P.O. Box 3251 26 P.O. Box 3251
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 Melbourne 28 Melbourne
 Zip Country Zip Country
 24 32902 25 Brevard 29 32902 30 Brevard

3. Date Incorporated or Qualified 07/31/1987 3a. Date of Last Report 05/01/1996
 4. FEI Number 59-2845426 Applied For Not Applicable
 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 BEAL, MARY
 106 BAY DR N
 INDIAN HARBOR BCH FL 32937

10. Name and Address of New Registered Agent
 81 Name DeEtte Webb
 82 Street Address (P.O. Box Number is Not Acceptable) 114 Honeysuckle Lane
 83
 84 City Melbourne FL 85 Zip Code 32901

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
 SIGNATURE DeEtte Webb DATE 9/31/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINCHELL, LAURIE	1.2 NAME	
STREET ADDRESS	341 CYPRESS ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL 32903	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOSAVIO, SANDRA	2.2 NAME	YONTINA WILSON
STREET ADDRESS	2457 KINGSMILL AVE	2.3 STREET ADDRESS	1420 WALDRON ST., SE
CITY-ST-ZIP	MELBOURNE FL 32934	2.4 CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUCKENMILLER, LAURIE	3.2 NAME	
STREET ADDRESS	530 SAWGRASS CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAL, MARY	4.2 NAME	400002293074
STREET ADDRESS	106 BAY DR. N.	4.3 STREET ADDRESS	-09/15/97--01104--006
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	4.4 CITY-ST-ZIP	***61.25
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MESAROS, JONNIE	5.2 NAME	DENISE HAMMOND
STREET ADDRESS	4713 CANARD RD	5.3 STREET ADDRESS	1265 GIRALDA CIRCLE, N.W.
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE ETTE Webb	6.2 NAME	DEETTE WEBB
STREET ADDRESS	114 HONEYSUCKLE LANE	6.3 STREET ADDRESS	114 HONEYSUCKLE LANE
CITY-ST-ZIP	Melbourne FL 32901	6.4 CITY-ST-ZIP	MELBOURNE, FL 32901

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE DeEtte Webb SIGNATURE REQUIRED DeEtte Webb

CR2E037 (4/97)