

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 P. O. BOX 1295 3251 MELBOURNE FL 32902-1295 US | Mailing Address P. O. BOX 1295-3251 MELBOURNE FL 32902-1295 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 P.O. Box 3251 Suite, Apt. #, etc. 22 City & State 23 Melbourne Zip 24 32902 Country 25 Brevard | 2a. Mailing Address 26 P.O. Box 3251 Suite, Apt. #, etc. 27 City & State 28 Melbourne Zip 29 32902 Country 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 <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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | 75 <input type="checkbox"/> DELETE |
| NAME | WINCHELL, LAURIE |
| STREET ADDRESS | 341 CYPRESS ST. |
| CITY-ST-ZIP | INDIALANTIC FL 32903 |
| TITLE | SD <input type="checkbox"/> DELETE |
| NAME | LOSAVIO, SANDRA |
| STREET ADDRESS | 2457 KINGSMILL AVE |
| CITY-ST-ZIP | MELBOURNE FL 32934 |
| TITLE | DV <input type="checkbox"/> DELETE |
| NAME | DRUCKENMILLER, LAURIE |
| STREET ADDRESS | 530 SAWGRASS CIRCLE |
| CITY-ST-ZIP | MELBOURNE FL |
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | BEAL, MARY |
| STREET ADDRESS | 106 BAY DR. N. |
| CITY-ST-ZIP | INDIAN HARBOUR BEACH FL |
| TITLE | 76 <input checked="" type="checkbox"/> DELETE |
| NAME | MESAROS, JONNIE |
| STREET ADDRESS | 4713 CANARD RD |
| CITY-ST-ZIP | MELBOURNE FL |
| TITLE | P/D <input type="checkbox"/> DELETE |
| NAME | DE ETTE WEBB |
| STREET ADDRESS | 114 HONEYSUCKLE LANE |
| CITY-ST-ZIP | MELBOURNE FL 32901 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | YONTINA WILSON |
| 2.3 STREET ADDRESS | 1420 WALDRON ST., SE |
| 2.4 CITY-ST-ZIP | PAIM BAY, FL 32907 |
| 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 | V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | 400002293074 |
| 4.3 STREET ADDRESS | -09/15/97--01104--006 |
| 4.4 CITY-ST-ZIP | ***61.25 |
| 5.1 TITLE | V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | DENISE HAMMOND |
| 5.3 STREET ADDRESS | 1265 GIRALDA CIRCLE, N.W. |
| 5.4 CITY-ST-ZIP | PAIM BAY, FL 32907 |
| 6.1 TITLE | P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | DE ETTE WEBB |
| 6.3 STREET ADDRESS | 114 HONEYSUCKLE LANE |
| 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

CR2E037 (4/97)