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FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 3251 MELBOURNE FL 32902 US
P. O. BOX 3251 MELBOURNE FL 32902 US

3. Date Incorporated or Qualified
07/31/1987

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
WEBB, DE ETTÉ
144 HONEYSUCKLE LANE
MELBOURNE FL 32901

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 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 *De Ette Webb* DATE 4/14/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T D	<input type="checkbox"/> DELETE
NAME	WINCHELL, LAURIE	
STREET ADDRESS	341 CYPRESS ST.	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	S D	<input type="checkbox"/> DELETE
NAME	WILSON, YONTINA	
STREET ADDRESS	1420 WALDRUN STREET S.E.	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DRUCKENMILLER, LAURIE	
STREET ADDRESS	530 SAWGRASS CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	V D	<input type="checkbox"/> DELETE
NAME	BEAL, MARY	
STREET ADDRESS	108 BAY DR. N.	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	
TITLE	V D	<input type="checkbox"/> DELETE
NAME	HAMMOND, DENISE	
STREET ADDRESS	1285 GIRALDA CIRCLE N.W.	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	P D	<input type="checkbox"/> DELETE
NAME	WEBB, DE ETTÉ	
STREET ADDRESS	114 HONEYSUCKLE LANE	
CITY-ST-ZIP	MELBOURNE FL 32901	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Laurie Winchell* LAURIE WINCHELL 04/13/98 407-732-7003

CR2E037 (10/97)