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02-25-1999 90047 049 \*\*\*\*61.25

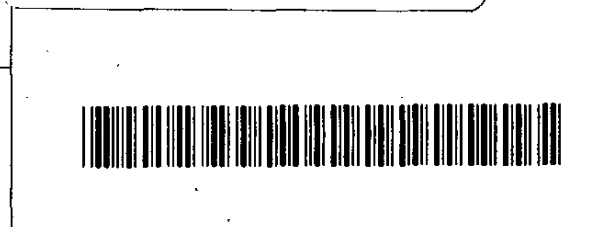
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N21842**

1. Corporation Name  
**SOUTH BREVARD MOTHERS OF MULTIPLES, INC.**

Principal Place of Business P. O. BOX 3251 MELBOURNE FL 32902 US	Mailing Address P. O. BOX 3251 MELBOURNE FL 32902 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/31/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2845426
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 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  
**Denise B. Hammond**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1265 Giralda Cir NW**

83

84 City  
**Palm Bay**

85 Zip Code  
**FL 32907**

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 *Denise B. Hammond* DATE **2/4/99**

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 checked="" type="checkbox"/> DELETE
NAME	WINCHELL, LAURIE	
STREET ADDRESS	341 CYPRESS ST.	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	S D	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, YONTINA	
STREET ADDRESS	1420 WALDRUN STREET S.E.	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	DRUCKENMILLER, LAURIE	
STREET ADDRESS	530 SAWGRASS CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	V D	<input checked="" type="checkbox"/> DELETE
NAME	BEAL, MARY	
STREET ADDRESS	106 BAY DR. N.	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	
TITLE	V D	<input checked="" type="checkbox"/> DELETE
NAME	HAMMOND, DENISE	
STREET ADDRESS	1265 GIRALDA CIRCLE N.W.	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	P D	<input checked="" 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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	michele Richards	
1.3 STREET ADDRESS	1681 Norwood St. NE	
1.4 CITY-ST-ZIP	Palm Bay, FL 32905	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Laurie Cutshall	
2.3 STREET ADDRESS	1244 Dana Ct, NE	
2.4 CITY-ST-ZIP	Palm Bay, FL 32907	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kelly Guadalupe	
3.3 STREET ADDRESS	2679 Hopi Dr	
3.4 CITY-ST-ZIP	Melbourne, FL 32935	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Yontina Wilson	
4.3 STREET ADDRESS	265 Appaloosa	
4.4 CITY-ST-ZIP	Palm Bay, FL 32909	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Sherry Adams-Dugan	
5.3 STREET ADDRESS	614 Potomac Dr	
5.4 CITY-ST-ZIP	W. Melbourne, FL 32904	
6.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Denise B. Hammond	
6.3 STREET ADDRESS	1265 Giralda Cir NW	
6.4 CITY-ST-ZIP	Palm Bay, FL 32907	

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, with all other like empowered.

SIGNATURE: *Michele A. Richards* DATE: **2/6/99** (407) 726 16306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)