## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000026622 (9)

C & F ENTERPRISES OF BREVARD, INC.

**FILED** 

Apr 22 1997 8:00am

Secretary of State

Principal Plac		Mailing Address			
497 N. HARBOF MELBOURNE FI		497 N. HARBOR CITY BLV MELBOURNE FL 32935-885			
				3. Date Incorporated or Qualified 04/06/1993	3a, Date of Last Report 05/01/1998
2. Principal P	hace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	Ш да	26 Suite Ant # 810	10-74	59-3173562	Not Applicable
Suite, Apt	<b>*</b> , etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le .	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(p	Country	Zip	Country		or intangible tax under s 199.032,
24	25	29	30	Florida Statutes	Yes No
	<ol><li>Name and Address of Currer</li></ol>	nt Registered Agent		10. Name and Address of New	Registered Agent
	R, DAVID W		81 Name	YER, DAVID	W
	) S. FRONT ST.		82 Street Add	fress (P.O. Box Number is Not Accept	<b>V</b> .
MEL	BOURNE FL 32901		<u></u>		
			83 325	FIFTH AVE,	SUITE 205
			B4 City	FIF ITI_7(V-)	
			IN	DIALANTIC	FL   32903
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	les, the above-named cor	poration submits this statement for thation's board of directors. I hereby acc	a purpose of changing its registered
agent La	am familiar with, and accept the oblig	ations of, Section 607,0505, FI	orida Statutes.	ation's board of offectors. I flereby acc	zept tile appointment as registered
SIGNATURE					
	Signature, typed or ported name of rugistered age		E: Registered Agent signature requ		DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
1011.6	D Farouk, John G	DELETE	1.1 TITLE		Change Addition
NAME	497 N. HARBOR CITY BLVD.		1.2 NAME		
STREET ADORESS	MELBOURNE FL 32935		1.3 STREET ADDRESS		
CHY-SI-74	D METDOOUSE I E 05830	DELETE	1.4 C/TY-ST-ZIP		Change Addition
	BENTO, LOIS D		21 TITLE		ET change 130 vection
NAME ONCO A NECOLOR	2933 RIVERVIEW DRIVE		2.2 NAME		·
STREET AUORESS	MELBOURNE FL		2.3 STREET ADDRESS	MELBOURNE, FL	20001
011Y+S1+7F*	MCLDOVINIE 12	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	MECOUNINE, FL	Change Addition
NAME			3.2 NAME		hand provinge hand required
STREET ADDRESS			3.3 STREET ADDRESS		
CITY ST-ZIP			3.4 CITY-ST-ZIP		
illé		DELETE	4.1 TiTLE		Change Addition
NAME		<del></del>	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
0/17 - ST - 7/P			4 4 CiTY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME	•		. 5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
City-ST-ZIP			5.4 CITY - ST - ZIP		
TULE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		·
011Y-51-20F			6.4 CITY - ST - ZIP		
44 Lale Const	In the second of	all a data the factors of the same at a contract	f f at the second as about	d is Contine 110 07/0V/V Clarida Ctati	Anna I Frank

I do hereby certify that the information supplied with this filling 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 opportation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brack 12 // Block 13 iffchanged, or on an inachment with an address.

SIGNATURE: