FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

222777

(5)

FILED
Apr 24 1996 8:00 am
Secretary of State

BREVARD ENGINEERING CO.	

		,				
Principal Place of Business Mailing Address						
8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 US		P.O. BOX 1630				
		8680 N. ATLANTIC AV				
		CAPE CANAVERAL FL US	32920	3. Date incorporated or Qualified 04/20/1959	3a. Date of Last Report 05/01/1995	
		D. Mail and Andreas		4. FEI Number	Applied For	
2. Principal Plac	ce of Business	2a. Mailing Address		59-0939510	Not Applicable	
Suite, Apt #	etc	Suite, Apt. #, etc.			\$8.75 Additional	
22	, 60.	27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for		
24	25	29	30		□No	
	g. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent	
			81 Name			
	LER JR,RICHARD H		82 Street Ad	dress (P.O. Box Number is Not Acceptat	(e) Adams	
8280 N	ATLANTIC AVE		800	DO N. HHWITI	P Avenue	
CAPE (CANAVERAL FL 32920		83			
			84 Orty		85 Zip Code	
				oration submits this statement for the pur	FL S Z S S S S S S S S	
SIGNATURE _	n, and accept the obligations of. Shotic Signature, typic or printed name of registered alphit OFFICERS AND	outsteita, obraber (NO)	5. Registered April signature requ	act where stillings ADDITIONS/CHANGES TO OFF	DATE	
12.	PD OFFICERS AND	DELETE	1 17:116	ADDITIONS/CITAINGES TO OTT	Change Addition	
NAME	STOTTLER JR, RICHARD H		1.2 NAME		-	
STREET ADDRESS	8680 N ATLANTIC AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CANAVERAL FL		1.4 CITY - ST - ZIP			
TITLE	VD	☐ DELĒTĒ	2 1 TITLE	V	Change Addition	
NAME	WASDIN, THOMAS E.		2.2 NAME	•		
STREET ADDRESS	7980 N ATLANTIC AVE		2 3 STREET ADDRESS			
C:TY-ST-ZIP	CAPE CANAVERAL FL		2 4 CIEY - ST - ZIP			
TITLE	TD	DELETE	3 1 71/1/15		Change Addition	
NAME	MCLOUTH, MALCOLM E		3 2 NAME			
STREET ADDRESS	7980 N ATLANTIC AVE		3.3 STREET ADDRESS			
CITY - ST - ZIP	CAPE CANAVERAL, FL 0000		3 4 C(TY - ST - Z)F		Change Addition	
TITLE	VD	DELETE	4 1 TITLE		Change Addition	
NAME	PEKAR, JOHN A.		4 2 NAME			
STREET ADORESS	8680 N ATLANTIC AVE		4.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CANAVERAL FL	☐ DELETE	4.4 CITY - ST - ZIP		Change Addition	
TITLE	SD DEED/EDG IUDITU	Пресеч	5 1 TITLE 5 2 NAME		Crossings Assertion	
NAME OTRECT ADDRESS	DEEVERS, JUDITH 8680 N ATLANTIC AVE		5.2 NAME 5.3 STREET ADDRESS			
STREET ADDRESS	CAPE CANAVERAL FL		5.4 CITY-ST-ZIP			
CITY+ST-ZIP TITLE	D	DELETE	6 1 Title	VD	Change Addition	
NAME	STARMER, WILLIAM E		6.2 NAME	V D		
STREET ADDRESS	8680 N ATLANTIC AVENUE		6.3 STREET ADDRESS			
	CAPE CANAVERAL FL		64 CITY - ST - ZIP			
CITY-ST-ZIP	ONI L ONINTLIVIL IL	It to a floor in and established	ichad and door not qualit	to for the evenuation stated in Section 110	0.07/3//k) Florida Statutes I further	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119,07(3)(k). 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINT O NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96

(401)783/300

CR2E034 (12/95