

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 222777 (5)

1. Corporation Name
BREVARD ENGINEERING CO.



Principal Place of Business 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 US	Mailing Address P.O. BOX 1630 8680 N. ATLANTIC AVE CAPE CANAVERAL FL 32920-3428 US
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3. Date Incorporated or Qualified 04/20/1959	3a. Date of Last Report 04/24/1996
4. FEI Number 59-0939510	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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9. Name and Address of Current Registered Agent

**STOTTLER JR, RICHARD H
 8680 N ATLANTIC AVENUE
 CAPE CANAVERAL FL 32920**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STOTTLER JR, RICHARD H	
STREET ADDRESS	8680 N ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WASDIN, THOMAS E.	
STREET ADDRESS	7980 N ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MCLOUTH, MALCOLM E	
STREET ADDRESS	7980 N ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PEKAR, JOHN A.	
STREET ADDRESS	8680 N ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEEVERS, JUDITH	
STREET ADDRESS	8680 N ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STARMER, WILLIAM E	
STREET ADDRESS	8680 N ATLANTIC AVENUE	
CITY-ST-ZIP	CAPE CANAVERAL FL	

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 checked="" type="checkbox"/> Addition
2.2 NAME	VD EUGENE J. KAZMIERCZAK
2.3 STREET ADDRESS	8680 N. ATLANTIC AVENUE
2.4 CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D JAMES C. LEWIS
3.3 STREET ADDRESS	7980 N. ATLANTIC AVENUE
3.4 CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:  **Richard P. Stottler, Jr.** 4/4/97 (407) 783-1320

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

CR2E034 (9/96)