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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 222777			
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 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STOTTLER JR, RICHARD H 8680 N ATLANTIC AVENUE CAPE CANAVERAL FL 32920		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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.		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	STOTTLER JR, RICHARD H	1.2 NAME	
STREET ADDRESS	8680 N ATLANTIC AVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	CAPE CANAVERAL FL	1.4 CITY-STATE-ZIP	
TITLE	VD	2.1 TITLE	
NAME	KAZMIERCZAK, EUGENE J	2.2 NAME	
STREET ADDRESS	8680 N ATLANTIC AVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	CAPE CANAVERAL FL	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	
NAME	LEWIS, JAMES C	3.2 NAME	
STREET ADDRESS	7980 N ATLANTIC AVE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CAPE CANAVERAL, FL 00000	3.4 CITY-STATE-ZIP	
TITLE	VD	4.1 TITLE	
NAME	PEKAR, JOHN A.	4.2 NAME	
STREET ADDRESS	8680 N ATLANTIC AVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CAPE CANAVERAL FL	4.4 CITY-STATE-ZIP	
TITLE	SD	5.1 TITLE	STD
NAME	DEEVERS, JUDITH	5.2 NAME	
STREET ADDRESS	8680 N ATLANTIC AVE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	CAPE CANAVERAL FL	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 607, 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:

Richard H. Stottler, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard H. Stottler, Jr., Pres.

4/9/99

Date

Daytime Phone #

CR2E034 (11/98)