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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 585823

(8)

FILED Apr 18 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 800 NORTH US 1 COCOA FL 32926-8711 US 1. COPPORTION NAME OF THE STREET OF THE STRE					
	_			3. Date Incorporated or Qualified 09/08/1978	3a. Date of Last Report 06/24/1996
· ·	Place of Business	2a. Mailing Address		4. FET Number	Applied For
21 Suite, Apt	# elc	26		59-2498118	Not Applicable \$8.75 Additional
22	. 4, 610.	27		5. Certificate of Status Desired	Fee Required
City & Sta	to	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip	Country	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
24	g, Name and Address of Curren	29 t Registered Agent	[30]	10. Name and Address of New Re	
BRO	ZMAN, ROBERT		81 Name		
3576	D U.S. 1,		82 Street Ado	ress (P.O. Box Number is Not Acceptal	ole)
COC	OA, FL LP 32922		-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			83		
			84 City		FL 85 Zip Code
11. Pursuant office or agent. I a SIGNATURE	to the provisions of Sections 607,050 registered agent, or both, in the State am familiar with, and accopt the obliga	2 and 607-1508, Florida State of Florida. Such change was ations of, Section 607.0505, F	ites, the above-named con authorized by the corpora lorida Statutes.	poration submits this statement for the polynomia board of directors. I hereby acce	
	Signature, typod or printed name of registered age-		H. Hagistared Agent signature requ		OATE
12. TITLE	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CHAINGE Addition
NAME	BROZMAN, ROBERT P., SR.	L.J. OILOR	1.2 NAME		C Orlange C Modition
STREET ADDRESS	3570 NORTH US 1		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		1.4 C(1Y - S1 - Z(P		
TITLE	VŠ	DELETE	2.1 TITLE		Change Addition
NAME	BROZMAN, ROBERT P.,JR.		2 2 NAME		
STREET ADDRESS	3570 NORTH US 1 COCOA FL		2.3 STREET ADDRESS		
CITY-ST-ZIP	OUUNTL	DOLFIE	2.4 CHY-S1-ZIP 3.1 THUE		Change Addition
NAME			3 ? NAMI		3
STREET ADDRESS			3 3 STHELT ADDRESS		
CITY-ST-ZIP			3 4, C/1Y+S1+7/P		
TITLE		DELETE	4.1 TillE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STRFUL ADDRESS 4.4 CHY-SL-7P		
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		
TITLE		Ľ"] D€1€1€	611/11		L_ Change L_ Addition
NAME STORET ANDRESS			6 2 NAME		
STREET ADDRESS			G 3 STREET ADDRESS 6.4 CITY - ST- ZIP		ļ
14. Ldo bero	by certify that the information supplied	I with this filing does not gual	······································	d in Section 119 07(3)(i) Florida Statute	s. 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 trusted 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.