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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # 591310**

(8)

BREVARD PERSONAL MANAGEMENT SERVICES. INC.

Principal Place of Business Mailing Address 1360 SOUTH PATRICK DRIVE 1360 SOUTH PATRICK DRIVE SATELLILTE BEACH FL 32837 SATELLILTE BEACH FL 32937-4375 3. Date Incorporated or Qualified 3a. Date of Last Report 10/26/1978 05/01/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-2748136 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country ZID 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PERSON, ARTHUR B. 1360 SOUTH PATRICK DRIVE Street Address (P.O. Box Number is Not Acceptable) SATTELLITE BEACH FL 32937 83 84 City Zip Code atutes, the pove-named corporation submits this statement for the purpose of changing its registered as authorized by the corporation's board of directors. I hereby accept the appointment as registered Florida Statutes. 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the office or registered approximately the State of Florida Suph change was authorized. office or registered ac agent. Lam familia SIGNATURE. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE PERSON, ARTHUR B. 1.2 NAME NAME CR2E034 1360 SOUTH PATRICK DR. STREET ADDRESS 1.3 STREET ADDRESS SATELLITE BEACH FL CHTY-ST-7IP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-S1-7IP Change Addition DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZP Change DELETE Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 51 TITLE NAME 5.2 NAME STRÉET ADORESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST-ZIP

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

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

SIGNATURE:

appears in Block 12 or Block 13 if ch

CITY-ST-ZIP

FILED

Jan 22 1997 8:00am

Secretary of State