

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 9:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **658776** (0)

1. Corporation Name
BREVARD ENTERPRISES, INC.

Principal Place of Business: **543 ROYAL PALM BLVD. SATELLITE BEACH FL 32937**
Mailing Address: **543 ROYAL PALM BLVD. SATELLITE BEACH FL 32937**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/20/1980**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2007610**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
LINDSEY, ALLEN
543 ROYAL PALM BLVD.
SATELLITE BEACH FL 32937

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
NAME	LINDSEY, ALLEN
STREET ADDRESS	543 ROYAL PALM BLVD
CITY - ST - ZIP	SATELLITE BCH, FL 00000
TITLE	DT
NAME	LINDSEY, MINNIE
STREET ADDRESS	543 ROYAL PALM BLVD
CITY - ST - ZIP	SATELLITE BCH, FL 00000
TITLE	D
NAME	CASINO, LARRY
STREET ADDRESS	707 BEACON ST NW
CITY - ST - ZIP	PALM BAY FL
TITLE	VPD
NAME	LINDSEY, WILSON
STREET ADDRESS	543 ROYAL PALM BLVD.
CITY - ST - ZIP	SATELLITE BCH. FL
TITLE	SD
NAME	LINDSEY, ELIZABETH
STREET ADDRESS	543 ROYAL PALM BLVD.
CITY - ST - ZIP	SATELLITE BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 13(a) if changed, or on an attachment with an address.

SIGNATURE: Allen Lindsey, Pres. ALLEN LINDSEY Date: 6-30-95 (457) 254-7851