

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **02/20/1980**  
3a. Date of Last Report: **07/07/1995**  
4. FEI Number: **59-2007610**  
Applied For:  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 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	LINDSEY, ALLEN 543 ROYAL PALM BLVD SATELLITE BCH, FL 00000	1.1 TITLE	
NAME:		1.2 NAME	
STREET ADDRESS:		1.3 STREET ADDRESS	
CITY-ST-ZIP:		1.4 CITY-ST-ZIP	
TITLE: DT	LINDSEY, MINNIE 543 ROYAL PALM BLVD SATELLITE BCH, FL 00000	2.1 TITLE	
NAME:		2.2 NAME	
STREET ADDRESS:		2.3 STREET ADDRESS	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP	
TITLE: D	CASINO, LARRY 707 BEACON ST NW PALM BAY FL	3.1 TITLE	D
NAME:		3.2 NAME	BUCKY MOWERY
STREET ADDRESS:		3.3 STREET ADDRESS	645 BRITONS CT.
CITY-ST-ZIP:		3.4 CITY-ST-ZIP	OVIEDO, FLORIDA 32765
TITLE: VPD	LINDSEY, WILSON 543 ROYAL PALM BLVD. SATELLITE BCH. FL	4.1 TITLE	
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE: SD	LINDSEY, ELIZABETH 543 ROYAL PALM BLVD. SATELLITE BCH. FL	5.1 TITLE	SD
NAME:		5.2 NAME	ELIZABETH LINDSEY-MOWERY
STREET ADDRESS:		5.3 STREET ADDRESS	645 BRITONS CT.
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	OVIEDO, FLORIDA 32765
TITLE:		6.1 TITLE	
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		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 119.07(3)(k), 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: **ALLEN LINDSEY PRES.** *Allen Lindsey* 2-28-96 (407) 254-7851  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)