

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR - 3 PM 6:08

DOCUMENT # 710093 (6)

1. Corporation Name
ARC-BREVARD, INC.

Principal Place of Business Mailing Address
1694 CEDAR STREET ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/23/1965	3a. Date of Last Report 04/15/1994
4. FEI Number 59-0905505	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 100.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**DRESSLER, JAMES R.
110 DIXIE LANE
COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	FD
NAME	NOTTING, CHARLES J.
STREET ADDRESS	718 E. GIBBS BLVD.
CITY - ST - ZIP	MELBOURNE FL
TITLE	C
NAME	OSBORNE, MAC
STREET ADDRESS	C/O TRAVIS HDW, 300 DELANNOY AVE
CITY - ST - ZIP	COCOA FL
TITLE	0
NAME	LAIBL, JAMES C., JR.
STREET ADDRESS	3500 N. SYLVAN LANE
CITY - ST - ZIP	MELBOURNE FL
TITLE	D
NAME	BRUNS, PAUL
STREET ADDRESS	200 S BANANA RIVER BLVD., SUITE 2407
CITY - ST - ZIP	COCOA BEACH FL
TITLE	S
NAME	RUSSELL, ELIZABETH
STREET ADDRESS	525 INDIAN RVR DR, #302
CITY - ST - ZIP	TITUSVILLE FL
TITLE	P
NAME	SCHWEINSBERG, JOHN R. JR.
STREET ADDRESS	850 BELHURST LN
CITY - ST - ZIP	ROCKLEDGE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dixie Sansom	
1.3 STREET ADDRESS	110 Barton Avenue	
1.4 CITY - ST - ZIP	Rockledge, FL 32955	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Osborne, Mac	
2.3 STREET ADDRESS	300 Delannoy Ave.	
2.4 CITY - ST - ZIP	Cocoa, FL 32922	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Laibl, James C. Jr.	
3.3 STREET ADDRESS	3500 N. Sylvan Lane	
3.4 CITY - ST - ZIP	Melbourne, FL 32935	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bruns, Paul	
4.3 STREET ADDRESS	3165 N. Atlantic Ave., R.H. #4	
4.4 CITY - ST - ZIP	Cocoa Beach, FL 32931	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Russell, Elizabeth	
5.3 STREET ADDRESS	525 Indian River Dr., #302	
5.4 CITY - ST - ZIP	Titusville, FL 32796	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Schweinsberg, John R. Jr.	
6.3 STREET ADDRESS	850 Belhurst Lane	
6.4 CITY - ST - ZIP	Rockledge, FL 32955	

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)(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 its agent or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13, as appropriate, of this report.

SIGNATURE: _____ DATE: **3995 407-6903467**