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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710093 (6)

1. Corporation Name
ARC-BREVARD, INC.

Principal Place of Business 1694 CEDAR STREET ROCKLEDGE FL 32855	Mailing Address 1694 CEDAR STREET ROCKLEDGE FL 32855-3131
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified 12/23/1965	3a. Date of Last Report 04/24/1996
4. FEI Number 59-0905505	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SANSOM, DIXIE
STREET ADDRESS	110 BARTON AVENUE
CITY-ST-ZIP	ROCKLEDGE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	OSBORNE, MAC
STREET ADDRESS	C/O TRAVIS HDW, 300 DELANNOY AVE
CITY-ST-ZIP	COCOA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LIABL, JAMES C., JR.
STREET ADDRESS	3500 N. SYLVAN LANE
CITY-ST-ZIP	MELBOURNE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	SWIFT, BARRY
STREET ADDRESS	201 BARTON BLVD
CITY-ST-ZIP	ROCKLEDGE FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	FETTROW, BRENDA
STREET ADDRESS	6745 HARTFORD RD
CITY-ST-ZIP	COCOA FL
TITLE	PD <input type="checkbox"/> DELETE
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	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Charles Nutting
1.3 STREET ADDRESS	719 E. Hibiscus Blvd.
1.4 CITY-ST-ZIP	Melbourne, FL 32901
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	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mr. Gregg Shinn
3.3 STREET ADDRESS	1934 S. Fiske Blvd.
3.4 CITY-ST-ZIP	Rockledge, FL 32955
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 checked="" type="checkbox"/> Addition
5.2 NAME	S Ms. Judy Kraftchick
5.3 STREET ADDRESS	6370 N. Wickham Road
5.4 CITY-ST-ZIP	Melbourne, FL 32940
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED **4/15/97** **407-690-3464**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020280

CR2E037 (9/96)