

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 718408 (8)**  
1. Corporation Name  
**CANAVERAL BREAKERS ANNEX, INC., A CONDOMINIUM**



Principal Place of Business <b>8522 N ATLANTIC AVE #133 BOX 4 CAPE CANAVERAL FL 32920</b>	Mailing Address <b>8522 N ATLANTIC AVE #133 BOX 4 CAPE CANAVERAL FL 32920-3500</b>
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3. Date Incorporated or Qualified <b>04/28/1970</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1449784</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent  
**STOUGHTON, FAITH  
520 RIVERDALE DR.  
MERRITT ISLAND FL 32953**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RAUSCH, JOHN</b>	1.2 NAME	<b>D PETE MATCHEFTS</b>
STREET ADDRESS	<b>8522 N. ATLANTIC AVE #48</b>	1.3 STREET ADDRESS	<b>1263 REED ST</b>
CITY-ST-ZIP	<b>CAPE CANAVERAL, FL 00000</b>	1.4 CITY-ST-ZIP	<b>GREEN BAY WI 53003</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STOUGHTON, FAITH</b>	2.2 NAME	<b>D JOHN ROBERTSON</b>
STREET ADDRESS	<b>520 RIVERDALE DR.</b>	2.3 STREET ADDRESS	<b>8522 N. ATLANTIC AVE #132-11</b>
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	2.4 CITY-ST-ZIP	<b>CAPE CANAVERAL, FL 32920</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBINSON, WILLIAM</b>	3.2 NAME	<b>D STEVE ZYSK</b>
STREET ADDRESS	<b>8522 N ATLANTIC #80</b>	3.3 STREET ADDRESS	<b>2802 GREYMOOR WAY</b>
CITY-ST-ZIP	<b>CAPE CANAVERAL FL</b>	3.4 CITY-ST-ZIP	<b>BALDWINVILLE, NY 13027</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARTIGAN, ADELINE</b>	4.2 NAME	
STREET ADDRESS	<b>8522 N ATLANTIC #55</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CANAVERAL, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, ALYCE</b>	5.2 NAME	
STREET ADDRESS	<b>8522 N ATLANTIC AVE #70</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROSS, GEORGE</b>	6.2 NAME	
STREET ADDRESS	<b>8522 N ATLANTIC AVE #88</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CANAVERAL, FL 00000</b>	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 if changed, or on an attachment with an address.

SIGNATURE: John Rausch RE Stoughton VP. Date: 4-28-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0018947

CR2E037 (9/96)