FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **750773** **(4)**

1. Corporation Name

512 PLAZA, INC.

Principal Place of Business	Mailing Address
645 RT. 512 #1 SEBASTINA FL 32958	1805 FRIDAY RD. COCOA FL 32926

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/25/1980**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **59-2966771** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SEBASTIAN FL	City & State 28
Zip 24	County 25
Zip 29	County 30

9. Name and Address of Current Registered Agent

AZEVEDO, MICHAEL
1044 SEAMIST LANE
SEBASTIAN FL 32958

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	11 TITLE		☒ Change ☐ Addition
NAME	AZEVEDO, CHARLES	12 NAME		
STREET ADDRESS	1161 SANDDUNE LANE #207	13 STREET ADDRESS	1805 FRIDAY ROAD	
CITY-ST-ZIP	MELBOURNE FL	14 CITY-ST-ZIP	COCOA, FL. 32926	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	AZEVEDO, MICHAEL	22 NAME		
STREET ADDRESS	1044 SEAMIST LANE	23 STREET ADDRESS	DELETE OFFICER	
CITY-ST-ZIP	SEBASTIAN FL	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	VANDEVORDE, RENE	32 NAME		
STREET ADDRESS	1327 N. CENTRAL AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	CONNORS, JAMES	42 NAME		
STREET ADDRESS	677 LAYPORT DR.	43 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BERLINGIERI, BOB	52 NAME		
STREET ADDRESS	556 21ST AVE.	53 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH. FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D	☐ Change ☒ Addition
NAME	RALPH COUSINS	62 NAME	COUSINS, RALPH	
STREET ADDRESS		63 STREET ADDRESS	679 S.W. FLEMING STREET	
CITY-ST-ZIP	SEBASTIAN, FL.	64 CITY-ST-ZIP	SEBASTIAN, FL. 32958	

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)(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: Rene' D. Vande Vorde 4/27/95 407-589-4353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038710