

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **750773** (4)

1. Corporation Name
512 PLAZA, INC.



Principal Place of Business

Mailing Address

**645 RT. 512
#1
SEBASTIAN FL 32958
US**

**1805 FRIDAY RD.
COCOA FL 32926**

3. Date Incorporated or Qualified **01/25/1980** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2966771		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28					
Zip		Country		Zip		Country	
24		25		29		30	
		32958					

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	RENE' G. VANDEVOORDE	
82	Street Address (P.O. Box Number is Not Acceptable)	1327 N. CENTRAL AVE.	
83			
84	City	SEBASTIAN	85
		FL	Zip Code
			32958

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: *Rene' G. VanDeVoorde*

3/15/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZEVEDO, CHARLES	1.2 NAME	
STREET ADDRESS	1805 FRIDAY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDEVOORDE, RENE	2.2 NAME	VANDEVOORDE, RENE'
STREET ADDRESS	1327 N. CENTRAL AVE.	2.3 STREET ADDRESS	1327 N. CENTRAL AVE.
CITY-ST-ZIP	SEBASTIAN FL	2.4 CITY-ST-ZIP	SEBASTIAN - FL - 32958
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNORS, JAMES	3.2 NAME	
STREET ADDRESS	677 LAYPORT DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERLINGIERI, BOB	4.2 NAME	
STREET ADDRESS	556 21ST AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUSINS, RALPH	5.2 NAME	COUSINS, RALPH
STREET ADDRESS	679 S.W. FLEMING STREET	5.3 STREET ADDRESS	679 S.W. FLEMING STREET
CITY-ST-ZIP	SEBASTIAN FL	5.4 CITY-ST-ZIP	SEBASTIAN - FL - 32958
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	AZEVEDO, MARIE L
STREET ADDRESS		6.3 STREET ADDRESS	931 QTRUS AVE., N.E.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PALM BAY - FL - 32905

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 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' G. VanDeVoorde*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96

Date

407-589-4353

Daytime Phone #

CR2E037 (12/95)