

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F09262 (9)
1. Corporation Name
BREVARD-FLORIDA PROPERTIES, INC.



Principal Place of Business 6285 OLD MEDINAH CIRCLE C/O WESTBROOKE LAKE WORTH FL 33467 US	Mailing Address 6285 OLD MEDINAH CIRCLE C/O WESTBROOKE LAKE WORTH FL 33463-7333 US
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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	3. Date Incorporated or Qualified 12/16/1980	3a. Date of Last Report 02/29/1996	4. FEI Number 59-2582069	Applied For 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 STONE, ROBERT SR., 6285 OLD MEDINAH CIRCLE LAKE WORTH FL 33467	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
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11. Pursuant to the provisions of Sections 607.0512 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 607.0515, Florida Statutes.

SIGNATURE _____ DATE 4/17/97
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WEHMEYER, HORST	1.2 NAME	
STREET ADDRESS	ELGINGER WEG 20	1.3 STREET ADDRESS	
CITY-ST-ZIP	4 DUSSELDORF 80 W.G.	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	STONE, ROBERT SR	2.2 NAME	
STREET ADDRESS	6285 OLD MEDINAH CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	WOLLNY, RAINER M.	3.2 NAME	
STREET ADDRESS	UNTERSTAAT 45	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST GERMANY	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	SCHAGEN, FRITZ	4.2 NAME	
STREET ADDRESS	WASSERWERKSWEG 14A	4.3 STREET ADDRESS	
CITY-ST-ZIP	WITTALAER, W. GERMANY	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE _____ DATE 4/17/97 (51) 436-4600

CR2E034 (9/96)