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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F58024

(3)

BOARDWALK DEVELOPMENT OF BREVARD CORP.

| Principal Place 180 PINELLAS I COCOA BEACH | LANE | Mading Address 180 PINELLAS LANE COCOA BEACH FL \$2831-3 | | | |
|--|--|---|---|---|---|
| | | | | 3. Date Incorporated or Qualif | ied 3a. Date of Last Report 05/01/1996 |
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | 4. FEI Number 59-2180315 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | S8.75 Additional |
| 22 City & State | | City & State | | 6. Election Campaign Financin | |
| 23 Zip | Country | 28 Zip | Country | Trust Fund Contribution | Added to Fees |
| 24 | 25 | 29 | 30 | Florida Statutes | for intangible tax under s. 199.032, Yes No |
| | 9. Name and Address of Currer | nt Registered Agent | | 10. Name and Address of New | w Registered Agent |
| | PLES, JAMES | | 81 Name | Lenn T. Sun | din, Esquire |
| | NORTH ORLANDO AVENUE | | | dress (P.O. Box Number is Not Acci | eptable) |
| COC | OA BEACH FL 32931 | | 83 6 | 53 Brevard A | Venue |
| | | | 60 60 | · · · · · · · · · · · · · · · · · · · | |
| | | | 84 City Co | Coa | FL 85 Zip Code 32922 |
| office or r agent. La SIGNATURE | egistered agent, or both, in the State in familiar with, and accept the oblig | ations of Section 607.0505, Fig. | authorized by the corpor orida Statutes. | boeney | the purpose of changing its registered accept the appointment as registered |
| 12. | | D DIRECTORS | 13. | | OFFICERS AND DIRECTORS IN 12 |
| T 1 § | D | DELETE | 1.1 TOLE | | Change Addition |
| NAME | BAUGHER, ROBERT A | | 1.2 NAME | | |
| STREET ADDRESS | 180 PINELLAS LANE #101 COCOA BEACH FL | | 1.3 STREET ADDRESS | | |
| COTY-ST-7(P TOTHE | PST | DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | | Change Addition |
| NAME | BAUGHER, ROBERT A | | 2.2 NAME | | |
| STREET ADORESS | 4151 N ATLANTIC AVE | | 2.3 STREET ADDRESS | | • |
| CITY+\$1_ZIP | COCOA BCH, FL 00000 | | 2. 4 CITY+ST-ZIP | · . | · |
| 1:11 | | DELETE | 3 1 TITLE | | Change Addition |
| NAME | | | 32 NAME | | |
| STREET ADDRESS | | | 3 3 STREET ADDRESS | | |
| CITY -ST - 7P* | | DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CHY-SL ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAMÉ | | | 5.2 NAME | | |
| STREET ACCRESS | | | 5.3 STREET ADDRESS | | |
| CHY-ST-ZIP | | DELETE | 5.4 CITY - ST - ZIP 6.1 TITLE | | Change Addition |
| TITLE NAME | | La Pilli | 6.2 NAME | | La Shange La Rushish |
| STREEL ADORESS | | | 63 STREET ADDRESS | | |
| CITY -ST-ZP | | | 6 4 CITY - ST - ZIP | • | |
| 4.4 Lelectronal | by certify that the information supplies | ed with this filing does not quali | fy for the exemption stat | ted in Section 119.07(3)(i), Florida St | atutes. I further certify that the |
| Lam an o appears i | officer or director of the corporation of the Block 12 or Block 13 if changes, o | the receiver or trustee empow on an attachment with an ad- | rered to execute this reparess. | oort as required by Chapter 607, Flor | blegal effect as if made under oath; that ida Statutes; and that my name |

SIGNATURE:

SINATURE AND TYPED OR BAINTED NAME OF SIGNING OFFICER OR DIRECTOR

9

FILED

May 02 1997 8:00am

Secretary of State

Daytime Priorio # 0102863