

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

95 APR 10 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F65631 (6)

1. Corporation Name

MR. T'S OF BREVARD, INC.

Principal Place of Business

% L.C. HUANG
2515 S. PINEHURST CIR.
MELBOURNE FL 32901
US

Mailing Address

% L.C. HUANG
2515 S. PINEHURST CIR.
MELBOURNE FL 32901
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/29/1982

3a. Date of Last Report
02/17/1994

4. FEI Number
59-2155499

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

21 176 Chipmunk Dr
22 P.O. Box 1550

2a. Mailing Address

26 Elizabeth White
176 Chipmunk Dr
P.O. Box 1550

City & State

23 Granby Co

City & State

28 Granby Co

Zip

24 Co 80446

Country

25 Grand

Zip

29 80446

Country

30 Grand

9. Name and Address of Current Registered Agent

WHITE, ELIZABETH K.
2515 S. PINEHURST CIR.
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

R. ORTEGA-COWAN

82 Street Address (P.O. Box Number is Not Acceptable)

925 Sea Watch Lane

83

84 City

Vero Beach

FL

85 Zip Code

32963

11. Pursuant to the provisions of Sections 607.0501 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
HUANG, L C
4049 N HRB CITY BLVD
MELBOURNE, FL 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST
WHITE, ELIZABETH K.
2515 S. PINEHURST CIRCLE
MELBOURNE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Change Addition

5623 Peck Rd

Arcadia Ca 91006

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Change Addition

P.O. Box 1550 176 Chipmunk Dr

Granby Co 80446

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change Addition

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 110.07(2)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elizabeth K White Sec/Treas. 2/10/95 (800)447-4187

ELIZABETH K. WHITE

R. ORTEGA-COWAN (25047)

0504409 CP