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 # EGECO1

121

1. Corporation Name MR. T'S OF BREVARD, INC. Principal Place of Business C/O L.C. HUANG 176 CHIPMUNK DR./P. O. BOX 1550 Mailing Address C/O ELIZABETH WHITE 176 CHIPMUNK DR./P. O. BOX 1550										
GRANBY CO 80446 GRANBY CO 80446-1550 US US						3. Date Incorporated or Qualified 01/29/1982	d 3a. Date of Last Report 04/16/1996			
2. Principal f	Place of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26				59-2155499			Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired				
22	1.	City & State							`	\dashv
City & Sta	de	City & State				Election Campaign Financing Trust Fund Contribution			May Be do to Fees	
23 Zip	Country	Zip	Cour	ntry		8. This corporation has liability for				
24	25	29	30			Florida Statutes	Yes	☐ No		
	9. Name and Address of Curr	ent Registered Agent		- r		10. Name and Address of New Re	gistered	Agent		
	ORTEGA-COWAN		ľ	81	Name					
925 SEA WATCH LANE				82 Street Address (P.O. Box Number is Not Acceptable)						
VEF	RO BEACH FL 32963		ļ.	62						
				83						
				84	City		FI	85 Z	ip Code	
agent. I	am familiar with, and accept the ob-	ligations of Section 607.0505	o, Florida Statu	nes	S,	poration submits this statement for the p tion's board of directors. I hereby accep lied when renstating)	DATE			_
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFIC	CERS AN	-		
THLE	VD	· 		LE				☐ Chang	je 🗌 Addi	ition
NAME	HUANG, L C			ME						
STREET ADDRESS			1.3 ST	REET	ADDRESS					l li
CITY - ST - ZIP	ARCADIA CA				T-ZIP	**************************************		·· [
THIE	ST	☐ DELETE	2.1 TIT 2.2 NA					Chang	je 🔲 Addi	ition
NAME	WHITE, ELIZABETH K									
STREET ADDRESS	ODANIBY OO				ADORESS					
CITY-S1-7IP	GRANBY CO				ST-ZIP			Chanc	ie T Addi	ition
TIILE		ר"ו הנרכונ							ie 🗀 van	111011
NAME			3.2 NA		ADDDECC					
STREET AUDRESS	1				ADDRESS					- 1
C:TY+S1 ZiP TiTLE		DELETE	3.4. CI 4.1 TiT		51 - ZIF			☐ Chang	ge Add	ition
		- weene	4.1 NA							
NAME STREET ADDRESS					ADDRESS					
	'		4.4 CiT			•]
City+S*+7IP Title		☐ DELETE						☐ Chang	ge 🔲 Add	ition
NAME			5.2 NA							
STREET ADDRESS					ADDRESS					

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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CHY-SI-789

C(1Y+S1+7)F

THILE

NAME

DELETE

Change

Addition

FILED

Mar 12 1997 8:00am

Secretary of State