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# F77/28 1. Corporation Name D & L OF BREVARD, INC. Principal Place of Business Mailing Address 2400B W. KIN3 ST. COCOA FL 32926 Mailing Address 2400B W. KIN3 ST. COCOA FL 32926-5141					
				3. Date Incorporated or Qualified 04/23/1982	3a. Date of Last Report 05/01/1996
2. Principal FI	lace of Business	2a. Mailing Address 26	-	4. FEI Number 59-2205217	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5,00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	7ip	Country :	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes □ No
	9. Name and Address of Current			10. Name and Address of New Ro	gistered Agent
WAN	HEWSKI, DONNA M		81 Name	inda Schoon	1 .
505 NORTH ORLANDO AVENUE			82 Street Add	ess (P.O. Box Number is Not Accepta	óle)
COC	OA BEACH FL		83	44 CARDINA	L DR.
			84 City /1		85 Zip Code
				ocation submits this statement for the	FL 32926
agent ha	in tagedian with, and accoupl the obligat	President (NOTE	ida Statutes. LINDA SCA Registered Agent signature requir	ion's board of directors. I hereby acce of when reinstating) ADDITIONS/CHANGES TO OFFI	4/22/97 DATE
)II(F	PST	DELETE	1.1 TITLE		Change Addition
NAME	SCHOON, LINDA		12 NAME		
STREET ADDRESS	844 CARDINAL DR		1.3 STREET ADDRESS		
CHY-S1-ZiP TiTLE	COCOA FL	☐ DELETE	1.4 CITY+ST-ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME	;)	
STREET ADORESS			2.3 STREET ADDRESS	· .	
City - ST - ZiF			2. 4 CITY - ST - ZIP		
THLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STHEET ADDRESS City+St-Zip		,	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City - \$1 - 7IP			4.4 CITY-ST-ZIP		
TIILE		DELETE	5.1 TITLE	•	Change Addition
NAME			5.2 NAME		
STREET ADDIESS			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
CITY - ST - ZIP TITLE		DELETE	6.1 TITLE	23.40	Change Addition
NAME			6.2 NAME		·
STHEET ACORESS			6 3 STREET ADDRESS		
CITY - SL - 7/2			6.4 CITY-ST-ZIP		
informatiu Lam an o	a indicated on this annual report or su	ipplemental annual report is tru he receiver or trustee empowe	ue and accurate and that ered to execute this repor	d in Section 119.07(3)(i), Florida Statut t my signature shall have the same leg rt as required by Chapter 607, Florida	ai eifect as it made under oath: that i

FILED

Apr 29 1997 8:00am

Secretary of State