

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
MAY 10 1995
11:15
DIVISION OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G92090** (1)

1. Corporation Name:
EQUITY BUILDERS OF BREVARD, INC.

Principal Place of Business: **100 RIALTO PL
704
MELBOURNE FL 32901
US**
Mailing Address: **P.O. BOX 03308
INDIALANTIC FL 32903-0308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/20/1984** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2428545** 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**
7. This corporation has liability for intangible tax under 5-190.012 Florida Statutes: Yes No

2. Principal Place of Business: 2a. Mailing Address
21. State: 26. State
22. City & State: 27. City & State
23. City & State: 28. City & State
24. City: 25. State: 29. City: 30. State

9. Name and Address of Current Registered Agent
**JONES, J. DARLENE
355 MIAMI AVE
INDIALANTIC FL 32903**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607 (24) and 607 (50b), 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 59s for 607 (50b), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, J. DARLENE	1. NAME	
STREET ADDRESS	100 RIALTO PLACE #704	1.1 STREET ADDRESS	
CITY & STATE	MELBOURNE FL	1.2 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	C	2. NAME	
NAME	JONES, J. DARLENE	2.1 STREET ADDRESS	
STREET ADDRESS	100 RIALTO PLACE #704	2.2 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE	MELBOURNE FL	3. NAME	
TITLE		3.1 STREET ADDRESS	
NAME		3.2 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4. NAME	
CITY & STATE		4.1 STREET ADDRESS	
TITLE		4.2 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5.1 STREET ADDRESS	
CITY & STATE		5.2 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6. NAME	
NAME		6.1 STREET ADDRESS	
STREET ADDRESS		6.2 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		7. NAME	
TITLE		7.1 STREET ADDRESS	
NAME		7.2 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. NAME	
CITY & STATE		8.1 STREET ADDRESS	
TITLE		8.2 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 199.02(6)(b), Florida Statutes. I further certify that the information indicated on the annual report and financial annual report is true and accurate and that my signature shall have the same legal effect as if it were under oath. That I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of this form. If I am not an officer or director, I am not authorized to sign this report.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR
J. DARLENE JONES, UPRN

5/16/95 407-99204046