

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G92090** (1)

1. Corporation Name

**EQUITY BUILDERS OF BREVARD, INC.**



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
100 RIALTO PL <del>704</del> MELBOURNE FL 32901 US		P.O. BOX 03-3308 INDIALANTIC FL 32903-0308		03/20/1984	05/22/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2428545	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 715	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	29	10. Name and Address of New Registered Agent	
Country	Country	81. Name	
25	30	82. Street Address (P.O. Box Number is Not Acceptable)	
9. Name and Address of Current Registered Agent		83.	
JONES, J. DARLENE 355 MIAMI AVE INDIALANTIC FL 32903		84. City	
		FL 85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature based on printed name of registered agent and the applicable date. For a listed agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	PTS JONES, J. DARLENE <del>100 RIALTO PLACE #704</del> MELBOURNE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	100 RIALTO PL # 715
	C JONES, J. DARLENE <del>100 RIALTO PLACE #704</del> MELBOURNE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	100 RIALTO PL # 715
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(5)(k), 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; 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, changed, or on an appointment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 4/19/96 407-951-2757

CR2E034 (12/95)