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 # H71958 (3)

1. Corporation Name
XYZ OF BREVARD CORP.

Principal Place of Business
101 NORTH PLUMOSA STREET
MERRITT ISLAND FL 32953
US

Mailing Address
POST OFFICE BOX 540548
MERRITT ISLAND FL 32954-0548
US

3. Date Incorporated or Qualified: 08/20/1985
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business
21 5340 N. Atlantic Ave.
Suite, Apt. #, etc. 22
City & State 23 Cocoa Beach, FL
Zip 24 32931 Country 25 Brevard

2a. Mailing Address
26 8680 N. Atlantic Ave.
Suite, Apt. #, etc. 27
City & State 28 Cape Canaveral, FL
Zip 29 32920 Country 30 Brevard

4. FEI Number: 59-2909455 — 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

9. Name and Address of Current Registered Agent
ADAMS DOROTHY E
101 N PLUMOSA
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent
81 Name: Judith C. Deevers
82 Street Address (P.O. Box Number is Not Acceptable)
83 8680 N. Atlantic Ave.
84 City: Cape Canaveral, FL 85 Zip Code: 32920

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: Judith C. Deevers — Signature typed or printed name of registered agent and title if applicable: Judith C. Deevers, S-D — (NOTE: Registered Agent signature required when resigning) — DATE: 4/25/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	XX DELETE	1.1 TITLE	PD	☒ Change ☒ Addition
NAME	ROWE, MORRIS A.		1.2 NAME	Jeanne A. Hadge	
STREET ADDRESS	220 KING STREET		1.3 STREET ADDRESS	8680 N. Atlantic Ave.	
CITY-ST-ZIP	COCOA FL		1.4 CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE	VTS	XX DELETE	2.1 TITLE	SD	☒ Change ☒ Addition
NAME	ADAMS, DOROTHY E.		2.2 NAME	Judith C. Deevers	
STREET ADDRESS	101 N PLUMOSA ST		2.3 STREET ADDRESS	8680 N. Atlantic Ave.	
CITY-ST-ZIP	MERRITT ISLAND FL		2.4 CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE	V	XX DELETE	3.1 TITLE	VP D	☒ Change ☒ Addition
NAME	WALL, PATRICIA		3.2 NAME	Steven G. Gailey	
STREET ADDRESS	101 N PLUMOSA ST		3.3 STREET ADDRESS	5340 N. Atlantic Ave.	
CITY-ST-ZIP	MERRITT ISLAND FL		3.4 CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	C	XX DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KING, MAXWELL C.		4.2 NAME		
STREET ADDRESS	1384 WALTON HEATH CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		4.4 CITY-ST-ZIP		
TITLE	PD	XX DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BOWDEN, DONALD L		5.2 NAME	400001822404	
STREET ADDRESS	101 N PLUMOSA ST		5.3 STREET ADDRESS	-05/15/96--01050--001	
CITY-ST-ZIP	MERRITT ISLAND FL		5.4 CITY-ST-ZIP	***208.75	
TITLE	V	XX DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, MARY P		6.2 NAME		
STREET ADDRESS	101 N PLUMOSA ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		6.4 CITY-ST-ZIP		

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(3)(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 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: Steven G. Gailey, VP-D — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/25/96 — Daytime Phone #: (407) 783-4923

CR2E034 (12/95)