

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

REPUBLICAN
ANNOUNCEMENT
1995



OFFICE OF THE SECRETARY OF STATE
TAMPA, FLORIDA
33637-0001

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS

95 MAY -1 AM 10:59

DOCUMENT # **J09264**

(9)

ARCO REALTY OF BREVARD, INC.

2. Date of Incorporation (or Reorganization)		2a. Mailing Address		3. Date Incorporated (or Reorganized)		3a. Date of Last Report	
21		26		04/15/1986		10/06/1994	
22		27		4. FID Number		Applied Fee	
23		28		59-2701474		Not Applicable	
24		29		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing / Trust Fund Contributions		\$5.00 May Be Added to Fees	
				7. This corporation has liability to be exempted for purposes of Chapter 489, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LYNCH, PATRICIA E 100 PARNELL ST. MERRITT ISLAND FL 32953				81. Name			
				82. Street Address (P.O. Box Number or Fleet Address)			
				83.			
				84. City			
				FL		85. Zip Code	

11. I, the undersigned, the president of the corporation, and the SECRETARY of the Florida Statutes, the said corporation, submit this statement for the purpose of changing its registered office to the new agent or party in this state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am hereby authorized to accept the appointment of the new Florida Statutes.

12. OFFICER OR AGENT INFORMATION

12. OFFICER OR AGENT INFORMATION		13. ADDITIONAL CHANGES TO OFFICER OR AGENT INFORMATION	
NAME	PD LYNCH, PATRICIA E 100 PARNELL ST. MERRITT ISLAND FL 32953	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Add
STATE		4. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Add
ZIP CODE		5. ZIP CODE	<input type="checkbox"/> Change <input type="checkbox"/> Add
PHONE NUMBER		6. PHONE NUMBER	<input type="checkbox"/> Change <input type="checkbox"/> Add
EDUCATION		7. EDUCATION	<input type="checkbox"/> Change <input type="checkbox"/> Add
RELIGION		8. RELIGION	<input type="checkbox"/> Change <input type="checkbox"/> Add
SEX		9. SEX	<input type="checkbox"/> Change <input type="checkbox"/> Add
HAIR COLOR		10. HAIR COLOR	<input type="checkbox"/> Change <input type="checkbox"/> Add
EYES		11. EYES	<input type="checkbox"/> Change <input type="checkbox"/> Add
SKIN COLOR		12. SKIN COLOR	<input type="checkbox"/> Change <input type="checkbox"/> Add
HEIGHT		13. HEIGHT	<input type="checkbox"/> Change <input type="checkbox"/> Add
WEIGHT		14. WEIGHT	<input type="checkbox"/> Change <input type="checkbox"/> Add
HAIR STYLE		15. HAIR STYLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
HAIR COLOR		16. HAIR COLOR	<input type="checkbox"/> Change <input type="checkbox"/> Add
HAIR STYLE		17. HAIR STYLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
HAIR COLOR		18. HAIR COLOR	<input type="checkbox"/> Change <input type="checkbox"/> Add
HAIR STYLE		19. HAIR STYLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
HAIR COLOR		20. HAIR COLOR	<input type="checkbox"/> Change <input type="checkbox"/> Add
HAIR STYLE		21. HAIR STYLE	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and deemed equal, for the purposes stated in Sections 489.001, Florida Statutes. Further, I certify that the information is complete on the stated report or supplemental report as filed and is complete 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 of the corporation and that the report is required by Chapter 489, Florida Statutes, and that my name appears in Block 1, of Block 1, of the report or supplemental report with an address.

SIGNATURE: *Patricia E. Lynch*
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia E. Lynch

3-28-95 (407)452-1222

REMITTED BY MAY 1