

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:43

DOCUMENT # **J18871** (0)

1. Corporation Name
WAREHOUSING OF BREVARD, INC.

Principal Place of Business	Mailing Address
101 S. COURTENAY PKWY #106 PO BOX 541861 MERRITT ISLAND FL 32954-8861	101 S. COURTENAY PKWY #106 PO BOX 541861 MERRITT ISLAND FL 32954-8861

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/11/1986	02/22/1994
22		27		4. FEI Number	Applied For
City & State		City & State		59-2697252	Not Applicable
23		28		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip		Zip		6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
Country		Country		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SPIELVOGEL, LEONARD 101 SOUTH COURTENAY PARKWAY MERRITT ISLAND FL 32952				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
				FL			

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 607.0509, Florida Statutes.

SIGNATURE _____
(Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when necessary)) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIELVOGEL, LEONARD	1.2 NAME	
STREET ADDRESS	101 S COURTENAY PKWY	1.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	1.4 CITY - ST - ZIP	
TITLE	DAS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIELVOGEL, JEAN C.	2.2 NAME	
STREET ADDRESS	101 S COURTENAY PKWY	2.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	2.4 CITY - ST - ZIP	
TITLE	VP-	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIMER, ELSIE-	3.2 NAME	Sandra J. Bartling
STREET ADDRESS	-101 S. COURTENAY PKWY-	3.3 STREET ADDRESS	101 So. Courtenay Parkway
CITY - ST - ZIP	-MERRITT ISLAND FL----	3.4 CITY - ST - ZIP	Merritt Island, Florida 32952
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(b), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if such words appear in Block 12 or Block 13 if changed, or on an attached form with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Leonard Spielvogel, President
 Date: **Feb. 9, 1995**
Date