

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J18871 (0)
 1. Corporation Name
WAREHOUSING OF BREVARD, INC.



Principal Place of Business 101 S. COURTENAY PKWY SUITE 201 MERRITT ISLAND FL 32952-4855	Mailing Address 101 S. COURTENAY PKWY SUITE 201 MERRITT ISLAND FL 32952-4855
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/11/1986	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2697252	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PDST SPIEVOGEL, LEONARD	<input type="checkbox"/>	1.2 NAME		
STREET ADDRESS	101 S COURTENAY PKWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32952		1.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAS SPIELVOGEL, JEAN C	<input type="checkbox"/>	2.2 NAME		
STREET ADDRESS	101 S COURTENAY PKWY		2.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32952		2.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VP BARTLING, SANDRA J	<input type="checkbox"/>	3.2 NAME		
STREET ADDRESS	101 S. COURTENAY PARKWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32952		3.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		<input type="checkbox"/>	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		<input type="checkbox"/>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		<input type="checkbox"/>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, its trustee or its authorized agent, or its trustee or its authorized agent, and that my name appears in Block 12 or Block 13 if changed or as an appointment with an address.

SIGNATURE: ✓ 

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CR2E034 (10/97)