

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1998 FEB 20 AM 9: 48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997 *ab*



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

DOCUMENT # **J38072** (1)
1. Corporation Name
PM & ASSOCIATES OF BREVARD, INC.

Principal Place of Business
**1973 GUAVA AVE.
MELBOURNE FL 32935**

Mailing Address
**1973 GUAVA AVE.
MELBOURNE FL 32935**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1513 N. Harbor City Blvd.		2a. Mailing Address 26 1513 N. Harbor City Blvd.		3. Date Incorporated or Qualified 10/15/1986	3a. Date of Last Report 05/14/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2158630	Applied For Not Applicable
City & State 23 Melbourne FL		City & State 28 Melbourne FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32935		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 32935		Country 30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PEEPLES, JAMES W., III
505 NORTH ORLANDO AVE.
COCOA BCH. FL 32931**

10. Name and Address of New Registered Agent

81 Name **L. SPIELVOGEL**
82 Street Address (P.O. Box Number is Not Acceptable)
101 S. Courtenay Pkwy
83 **Herritt Island, FL**
84 City
85 Zip Code
FL 32952

11. Pursuant to the provisions of Sections 607.0602 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 *Leonard Spielvogel* DATE **2/13/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THELANDER, MICHAEL A.K	1.2 NAME	
STREET ADDRESS	1973 GUAVA AVE	1.3 STREET ADDRESS	500002440515--6
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	-02/25/98--01057--011
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	****750.00 ****750.00
NAME	THELANDER, MICHAEL A. JR.	2.2 NAME	
STREET ADDRESS	1689 PALM RIDGE RD	2.3 STREET ADDRESS	500002440515--6
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	-02/25/98--01057--012
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	****150.00 ****150.00
NAME	RHOADS, ROBERTS	3.2 NAME	
STREET ADDRESS	304 BROOKEDGE ST. N.E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	REINSTATEMENT
NAME	THELANDER-MALLEO, PATRICIA	4.2 NAME	
STREET ADDRESS	2844 ST. ARMENS CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 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 *Leonard Spielvogel* DATE **2/13/98**

CR2E034 (4/97)