

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

1997 SEP 26 AM 11: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **K00459** (3)

1. Corporation Name  
**RUNNELLS ENTERPRISES OF BREVARD, INC.**

Principal Place of Business

Mailing Address

**2445 JEN DRIVE  
MELBOURNE FL 32940  
US**

**P.O. BOX 410667  
MELBOURNE FL 32941  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/04/1987</b>	3a. Date of Last Report <b>03/29/1996</b>
4. FEI Number <b>59-2859455</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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	

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUNNELLS, REBECCA J.  
1215 AMBRA DRIVE  
MELBOURNE FL 32940**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Rebecca J. Runnells**

(NOTE: Registered Agent signature required when resigning)

DATE **9-17-97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **P RUNNELLS, REBECCA J.**  
STREET ADDRESS **1215 AMBRA DR.**  
CITY-ST-ZIP **MELBOURNE FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **800002306998--4**  
1.3 STREET ADDRESS **-09/29/97--01191--002**  
1.4 CITY-ST-ZIP **\*\*\*\*173.75 \*\*\*\*173.75**

TITLE ☐ DELETE  
NAME **ST RUNNELLS, MICHELLE L.**  
STREET ADDRESS **1215 AMBRA DR.**  
CITY-ST-ZIP **MELBOURNE FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 **Rebecca J. Runnells**

9-17-97 (447) 951-8000

CR2E034 (4/97)

(2)

CUSTOM CASUAL FURNITURE  
US HWY # 1 - 1/4 MILE N. OF PINEDA CSWY.  
P.O. BOX 410867  
MELBOURNE, FL 32941-0867  
(407) 951-8888, FAX (407) 242-6668

9-16-97

Division of Corporations  
Annual Reports  
P.O. Box 1500  
Tallahassee, FL 32302-1500

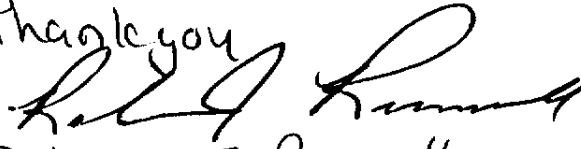
RE: K00459

Dear Sir,

In reviewing our files and outstanding checks, written the end of April; our application for renewal of the above has never come back confirmed.

I telephoned your office and was instructed to send in the 2nd Request form with a new check for reinstatement.

I appreciate your help in resolving this matter.

Thank you  
  
Rebecca J. Runnells  
President