

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L20172 (7)

1. Corporation Name

M.A.S. OF BREVARD, INC.



Principal Place of Business

Mailing Address

C/O DEBORAH A. GUESS
2850 LK WSHNGTN RD. STE 1. PO BOX 361392
MELBOURNE FL 32936

C/O DEBORAH A. GUESS
2850 LK WSHNGTN RD. STE 1. PO BOX 361392
MELBOURNE FL 32936

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/03/1989

3a. Date of Last Report

04/17/1995

4. FEI Number

59-2972347

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

GUESS, DEBORAH A.
1001 EAU GALLIE BOULEVARD
APT. #134
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
GUESS, DEBORAH A.
STREET ADDRESS
1001 EAU GALLIE BLVD.
CITY-ST-ZIP
MELBOURNE FL

TITLE ☐ DELETE

NAME
VD
OLSEN ERIC
STREET ADDRESS
480 PERCH LANE
CITY-ST-ZIP
SEBASTIAN FL

TITLE ☐ DELETE

NAME
STD
OLSEN, TIMOTHY
STREET ADDRESS
986 BAYBERRY LANE
CITY-ST-ZIP
ROCKLEDGE FL

TITLE ☐ DELETE

NAME
D
OLSEN, NEIL
STREET ADDRESS
3892 COOPER ROAD
CITY-ST-ZIP
ONEIDA WI

TITLE ☐ DELETE

NAME
D
OLSEN, MARGARET
STREET ADDRESS
3210 N HARBOR CITY BLVD
CITY-ST-ZIP
MELBOURNE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret E. Olsen Director 4/26/96 407-259-

Date

Daytime Phone 5001

CR2E034 (12/95)