

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L38554 (6)

1. Corporation Name
C & S ENTERPRISES OF BREVARD, INC.



Principal Place of Business Mailing Address
430 E. JETTY ROAD 430 E. JETTY ROAD
CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920-2402

3. Date Incorporated or Qualified 12/21/1989 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 670 Glen Creek 26 P.O. Box 1104
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 59-2992499 Applied For Not Applicable

22 City & State CAPE CANAVERAL FL 27 City & State CAPE CANAVERAL FL
23 Zip 32920 Country 28 Zip 32920 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 32920 25 Country 29 32920 30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, NEAL
400 E. JETTY ROAD
CAPE CANAVERAL FL 32920

670 Glen Creek

81 Name Neal Murphy
82 Street Address (P.O. Box Number is Not Acceptable) 670 Glen Creek Drive
83
84 City CAPE CANAVERAL FL 85 Zip Code 32920

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 Neal Murphy Pres. Neal Murphy 4-1-97
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MURPHY, NEAL	
STREET ADDRESS	8772 LIVEOAK CT.	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MURPHY, CARLA	
STREET ADDRESS	8772 LIVEOAK CT.	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CLARK, CHERYL	
STREET ADDRESS	115 TYPHOON DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 23 or changed, or on an attachment with an address.

SIGNATURE: Neal Murphy President Neal Murphy 4-1-97 407-783 3530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)