2. Principal Place of Business 2a. Mailing Address 4. 26 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 5. City & State City & State 6. 2 28 28 30 2 p Country 29 30 9. Name and Address of Current Registered Agent 10. NEWELL, JOHN C. 23 Street Address (f. MeLBOURNE FL 32901 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation of lice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's lagent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Similar State of registered agent and title if applicable. (NOTE Registered Agent statutes agent and fille if applicable. SIGNATURE OFFICERS AND DIRECTORS 13. Inter D DELETE 1.1 TITLE	May 14 1997 8:00ar Secretary of State Image: second state Image: second state Date Incorporated or Qualified 3a, Date of Last Report 01/23/1990 FEI Number 59-2969038 Certificate of Status Desired State For Not Applicable Certificate of Status Desired State Statutes This corporation has liability for intengible tax under s. 199.032, Forida Statutes Yes Name and Address of New Registered Agent *0. Box Number is Not Acceptable) FL 65 Zip Code m submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered
ANNUAL REPORT 1997 Secretary of State DIVISION OF CORPORATIONS CORPORATIONS DOCUMENT # L44280 (0) ACE BLUEPRINTERS OF BREVARD, INC. Corporation Name ACE BLUEPRINTERS OF BREVARD, INC. Corporation Name ACE BLUEPRINTERS OF BREVARD, INC. Theopal Pace of Business Mailing Address BabCOCK STREET ELBOURNE FL 32001 S 220 B. BABCOCK STREET HELBOURNE FL 32001 S 24. Mailing Address 25 25. BabCOCK STREET 25. BabCOCK ST. BabCOCK	Date Incorporated or Qualified 3a. Date of Last Report 01/23/1990 04/29/1996 FEI Number Applied For 59-2000038 Not Applicable Certificate of Status Desired \$8.75 Additional Fee Required Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes Name and Address of New Registered Agent *O. Box Number is Not Acceptable
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GNATURE 5 juncted frame of registering agent and title if applicable. (NOTE: Registerial Agent signature required when L OFFICE RS AND DIRECTORS 13. UF D III DELETE 1.1 TITLE	in submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered
	neinstating) Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NE NEWELL, JOHN 12 NAME	Change Addition
EFT ADDRESS 2725 HWY AIA	
Y-S1-ZIP INDIALAN I C. PL 1.4 CITY-ST-ZIP LE 2.1 TITLE 2.1 TITLE	Change 🔲 Addition
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Y - S' - ZIP 5.4 CITY - ST - ZIP .E	Change Addition
6.2 NAME	
6.3 STREET ADDRESS (Y-S)- Zir'	
I. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Se information indicated on this annual report or supplemental annual report is true and accurate and that my s I am an officiar or director of the corporation or the receiver or trustee empowered to execute this report as manual report.	ignature shall have the same legal effect as if made under oath; that