


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.)

FILED
Aug 05 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 # **L73812** (4)

1. Corporation Name
BREVARD INVESTMENT PROPERTIES, INC.



Principal Place of Business C/O FRANK D. SMITH 455 NORTH TRIPICAL TRAIL MERRITT ISLAND FL 32953-3014	Mailing Address P O BOX 540266 MERRITT ISLAND FL 32954-0266 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1615 E. Ridgewood St Suite, Apt. #, etc.		2a. Mailing Address 26 1615 E. Ridgewood St Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/16/1990	3a. Date of Last Report 08/12/1996
22 City & State 23 Orlando, FL		27 City & State 28 Orlando, FL		4. FEI Number 59-3010671	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
24 Zip 32803	25 Country USA	29 Zip 32803	30 Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, FRANK D.
455 NORTH TROPICAL TRAIL
MERRITT ISLAND FL 32953**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1615 E. Ridgewood St
83	
84 City	Orlando
85 Zip Code	FL 32803

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 *Frank D. Smith* **Frank D. Smith, President, T+1** **7/31/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DAA

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, FRANK D.	1.2 NAME	
STREET ADDRESS	455 NORTH TRIPICAL TRAIL	1.3 STREET ADDRESS	1615 E. Ridgewood St
CITY - ST - ZIP	MERRITT ISLAND FL	1.4 CITY - ST - ZIP	Orlando, FL 32803
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DIANE W.	2.2 NAME	
STREET ADDRESS	455 NORTH TRIPICAL TRAIL	2.3 STREET ADDRESS	1615 E. Ridgewood St
CITY - ST - ZIP	MERRITT ISLAND FL	2.4 CITY - ST - ZIP	Orlando, FL 32803
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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 *Frank D. Smith* **Frank D. Smith, President, T+1** **7/31/97**

CR2E034 (4/97)