Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90131 026 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L73812

1. Corporation Name

BREVARD INVESTMENT PROPERTIES INC

DITERAIN	D ((4450) (WE)41 1101 E1111	,			
Principal Place	of Business	Mailing Address			
1615 E RIDGEWOOD ST ORLANDO FL 32803		P.O. BOX 533732 ORLANDO FL 32853-3732 US		DO NOT WRITE IN THI	S SPACE
US		00		3. Date Incorporated or Qualifed	
- . ·	e grand som de la	ير منظم يالاها ي الاي		05/16/1990	
Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21 26		26		59-3010671	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22 27					Fee Required
		City & State		6. Election Campaign Financing	\$5.00 May Be
		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year li	ntangible ☐Yes X INo
24	25	29 3		Personal Property Tax. 10. Name and Address of New Registered	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Haine and Address of New Registerer	, Agont
Smith, Frank D.			_		
1615 E RIDGEWOOD ST			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32803			83	A STATE OF THE STA	
	74.00 12 02000				
			84 City	F	
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.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, FRANK D.		1.2 NAME		
STREET ADDRESS	1615 E RIDGEWOOD ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME .	SMITH, DIANE W	والمناشين يريسيان	2.2 NAME		
STREET ADDRESS	1615 E RIDGEWOOD ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY- \$T-ZIP		
TITLE		☐ DELETE	4.1 T/TLE		☐ Change ☐ Addition
NAME			4. 2 NAMÉ		
STREET ADDRESS	of the state of th		4.3 STREET ADDRESS		
CITY-ST-ZIP ,	1.		4.4 CITY-ST-ZIP		
TITLE ,	1 1 1	☐ DELETE	5.1 TITLE	·	Change Addition
NAME		•	5.2 NAME	,	·
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	·		5.4 CITY-ST-ZIP	<u></u>	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		}

14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP