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

FILED
Jun 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # L 86719

1. Corporation Name
M & P OF BREVARD, INC.

Principal Place of Business
8580 N. ATLANTIC AVE
CAPE CANAVERAL FL 32920

Mailing Address

AMEND

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
JUNE 12-1990

2. Principal Place of Business — 21
2a. Mailing Address — 26 SAME
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 | Country — 25
Zip — 29 | Country — 30

4. FEI Number
59-3020545
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JAMES LEVAN
1030 NEW HAMPTON WAY
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name: JAMES E. MORGAN
82 Street Address (P.O. Box Number is Not Acceptable): 413 LINCOLN AVE
83 ~~City~~
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: James E. Morgan (NOTE: Registered Agent's signature required when reinstating) DATE: 6-20-98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☒ DELETE	11 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	JAMES LEVAN		12 NAME	JAMES E. MORGAN	
STREET ADDRESS	1030 NEW HAMTON WAY		13 STREET ADDRESS	413 LINCOLN AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953		14 CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	PAUL E. TUCKER SEC	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS	8580 N. ATLANTIC		23 STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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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.

SIGNATURE: JAMES E. MORGAN James E. Morgan 6-12-98 (407) 784-0024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #