

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

FILED

99 SEP 30 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L86719**

1. Corporation Name

M.P. OF BREVARD, INC.

Principal Place of Business

Mailing Address

**8580 N. ATLANTIC AVE
CAPE CANAVERAL FL 32920 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **8580 N. ATLANTIC AVE**

Suite, Apt. #, etc.

22 **N/A**

City & State

23 **CAPE CANAVERAL FL**

Zip Country

24 **32920 US**

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

JUNE 12 - 1990

4. FEI Number

593020545

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**JAMES E. MORGAN
413 LINCOLN AVE
CAPE CANAVERAL FL 32920**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 PRES**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

9-28-99

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE
NAME **JAMES E. MORGAN**
STREET ADDRESS **413 LINCOLN AVE**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☐ DELETE
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CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☐ Addition
1.2 NAME **JAMES E. MORGAN**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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.

SIGNATURE: **JAMES E. MORGAN PRES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-28-99 (407) 784-0024
Date Daytime Phone #

CR2E034 (11/98)