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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	IN IN # M726 IS OF BREVARD, INC.	86 ((2)					
Principal Place of Business		Mailing Address				- i samment rik tedné tilata bitak ditih dinit diakt bidit diakt diakt gigit gjalt gjalt djakt labk		
18 N. BREVARD AVE. COCOA BEACH FL 32931		18 N. BREVARD AVE. COCOA BEACH FL 32831				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 03/18/1988		
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applie	d For	
21		26				59-2886074 Not A	pplicabl	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required		
City & Stat	е	City & State				6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution Added to F		
Zip 24	Country 25	Z ip 29	30	intry	,	8. This corporation owes or has paid the current year Intended Personal Property Tax due June 30. Yes \(\sigma\) Yes		
	9, Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent				
KIRSCHENBAUM, JACK A. 505 N. ORLANDO AVE.					Name Street Addr	ress (P.O. Box Number is Not Acceptable)		
P.O. BOX 320757 COCOA BEACH FL 32932-0757			83	3				
				84	City	FL 85 Zip Coo	le	
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ob-	ate of Florida. Such char	nge was authorized	d by	the corporat	poration submits this statement for the purpose of changing its re- tion's board of directors. I hereby accept the appointment as reg	gistere	

	m familiar with, and accept the obligations of, Section 60	7.0505, Flori	da Sialutes.	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE:	Registered Agent signature requi	red when reinstating) DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	DELETÉ	1.1 TITLE	☐ Change ☐ Additi
NAME	LESLIE, CLAUDE E., JR.		1.2 NAME	
STREET ADDRESS	18 N. BREVARD AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH. FL		1.4 CITY-ST-ZIP	
TITLE	D	DELETE	2.1 TITLE	Change Additi
NAME	Leslie, gena K.		2.2 NAME	
STREET ADDRESS	18 N. BREVARD AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH. FL		2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Additi
NAMÉ			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Additi
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Additi
NAME			5.2 NAME	,
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	61 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

14. Thereby 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 supplientental 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:

MAR 18 1998 (44) 7 783 - 7550

MAR 18. 1998 (407) 783-7550

FILED

Mar 23 1998 8:00am

Secretary of State