


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

FILED  
Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M79980 (2)</b> 1. Corporation Name <p style="text-align: center;">Brevard Ohio Corp.</p>					
Principal Place of Business 101 N. Plumosa St. Merritt Island, FL 32954-0548			Mailing Address 980 N. Federal Highway Boca Raton, FL 33432-2704		
2. Principal Place of Business 21. Sub. Agency, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country		3. Date Incorporated or Qualified 05/09/1988 3a. Date of Last Report 02/21/96 4. FEI Number 59-2890295 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent Kamradt, Russell T. 777 S. Flagler Drive Suite 900, Phillips Point Tower East West Palm Beach, FL 33401			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: <u>Russell T. Kamradt</u> (NOTE: Registered Agent signature required when reinstating) DATE:					
12. OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 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 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 400002162864 -05/02/97--01001--047 ***173.75			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 in this filing, or on an attachment with an address.		
SIGNATURE: <u>John Marino</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04-22-97 (661) 392-4000 Date Daytime Phone #		

CR2E034 (9/96)