

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara B. Matthews  
Secretary of State  
Tallahassee, Florida 32399-0400

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS

95 MAY -1 AM 10:56

DOCUMENT # **M84012** (7)  
EXPRESS TITLE OF BREVARD, INC.

Principal Office Address: 1090 NORTH A1A SUITE A INDIANLANTIC FL 32903  
Mailing Address: 1090 NORTH A1A SUITE C INDIANLANTIC FL 32903 US

DO NOT WRITE IN THIS SPACE

21. Fiscal Year End of Reporting	28. Mailing Address	4. FFI Number	Applied For
22. State App # of	26. State App # of	59-2891949	Not Applicable
22. Suite C	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. City	29. Zip	7. The corporation has liability for intangible tax under S. 199(3)(f) Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. State	30. Locality		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CASSELLA, LIZABETH A SUITE A 1090 N. A1A INDIANLANTIC FL 32903	B1 Name
	B2 Street Address (P.O. Box Number is Not Accepted)
	B3
	B4 City
	FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above named corporation submits the 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DP	1. TITLE	PRESIDENT
CASSELLA, LIZABETH A.		2. NAME	
5590 CORDGRASS LN.		3. STREET ADDRESS	
MELBOURNE BCH FL		4. CITY & STATE	
NAME	DST	5. TITLE	SECRETARY-TREASURER
TOM, KATHERINE L.		6. NAME	CASSELLA, ANDRES
400 CINNAMON DR.		7. STREET ADDRESS	5590 Cord Grass Lane
SATELLITE BEACH FL		8. CITY & STATE	MELBOURNE Beach FL
NAME		9. TITLE	
NAME		10. NAME	
NAME		11. STREET ADDRESS	
NAME		12. CITY & STATE	
NAME		13. TITLE	
NAME		14. NAME	
NAME		15. STREET ADDRESS	
NAME		16. CITY & STATE	
NAME		17. TITLE	
NAME		18. NAME	
NAME		19. STREET ADDRESS	
NAME		20. CITY & STATE	

REMITTED BY MAY 1

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in law under Chapter 199 Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and correct, 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 manager or business employee to execute this report as required by Chapter 199 Florida Statutes, and that my name appears in Block 12 or Block 13 of a change or an amendment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 907-727-0053