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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07934 (5)
1. Corporation Name
BREVARD ASSOCIATION OF MINIATURISTS, INC.

Principal Place of Business 430 MICHIGAN AVE. P.O. BOX 372739 SATELLITE BEACH FL 32937-7739	Mailing Address 430 MICHIGAN AVE. P.O. BOX 372739 SATELLITE BEACH FL 32937-7739
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2. Principal Place of Business 21 192 S.E. 4th Street Suite, Apt. #, etc. 22 City & State 23 Satellite Beach FL Zip Country 24 32937 25	2a. Mailing Address 26 P.O. Box 372739 Suite, Apt. #, etc. 27 City & State 28 Satellite Beach, FL Zip Country 29 32937 30
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3. Date Incorporated or Qualified 02/27/1985	4. FEI Number 59-2566160	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
COTTER, DOROTHY
192 S.E. 4TH ST
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent 81 Name Ed Cotter 82 Street Address (P.O. Box Number is Not Acceptable) 192 S.E. 4th Street 83 84 City Satellite Beach FL 85 Zip Code 32937

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Edward T. Cotter (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P DELETE
NAME	COTTER, DOROTHY
STREET ADDRESS	192 SE 4TH ST
CITY-ST-ZIP	SATELLITE BEACH FL
TITLE	V <input type="checkbox"/> DELETE
NAME	MILLER, CAROLE
STREET ADDRESS	7021 RODES PLACE
CITY-ST-ZIP	W MELBOURNE FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	HURLEY, LINDA
STREET ADDRESS	523 ESCAMBIA ST
CITY-ST-ZIP	INDIAN HARBOR BCH FL
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	LITTLE, VICKI
STREET ADDRESS	761 FIRST AVE
CITY-ST-ZIP	SATELLITE BEACH FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	HIERBAUM, JOAN R
STREET ADDRESS	1290 HARBOR TOWN CIR
CITY-ST-ZIP	MELBOURNE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GAILEY, DOLORES
STREET ADDRESS	1607 PARKSIDE PL
CITY-ST-ZIP	INDIAN HARBOR BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ed Cotter
1.3 STREET ADDRESS	192 SE 4th Street
1.4 CITY-ST-ZIP	Satellite Beach FL 32937
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	and V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Don Goldsmith
3.3 STREET ADDRESS	557 S. Orlando Ave.
3.4 CITY-ST-ZIP	Cocoa Beach FL 32931
4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Elizabeth Estler
4.3 STREET ADDRESS	527 Lee Court
4.4 CITY-ST-ZIP	West Melbourne, FL 32904
5.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Carolyn Scott
5.3 STREET ADDRESS	2901 Albermarle St. Apt. C-6
5.4 CITY-ST-ZIP	Melbourne, FL 32901
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward T. Cotter 2/5/98 (407) 676-2570

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