

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N16413 (9)**

1. Corporation Name  
**PALM BAY SERTOMA, INC.**



Principal Place of Business <b>C/O BENJAMIN Y. SAXON 111 SOUTH SCOTT STREET MELBOURNE FL 32901-1262</b>	Mailing Address <b>C/O BENJAMIN Y. SAXON 111 SOUTH SCOTT STREET MELBOURNE FL 32901-1262</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>08/19/1986</b>	3a. Date of Last Report <b>01/31/1996</b>
4. FEI Number <b>59-2635661</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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

**SAXON, BENJAMIN Y.  
111 SOUTH SCOTT STREET  
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HARTMAN, PEGGY S.</b>	
STREET ADDRESS	<b>3140 HIELD ROAD</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32904-9540</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHITE, BETTY L.</b>	
STREET ADDRESS	<b>PO BOX 388</b>	
CITY-ST-ZIP	<b>GRANT FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HARTMANN, PEGGY</b>	
STREET ADDRESS	<b>3140 HIELD ROAD</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HARTMAN, PEGGY</b>	
STREET ADDRESS	<b>3140 HIELD RD.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BLOOMFIELD, PATRICIA</b>	
STREET ADDRESS	<b>3940 PEPPER TREE</b>	
CITY-ST-ZIP	<b>GRANT FL 32949</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FLEMING, EDITH</b>	
STREET ADDRESS	<b>669 VOCELLE AVE</b>	
CITY-ST-ZIP	<b>SEBASTIAN FL 32958</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>EDITH Fleming</b>	
1.3 STREET ADDRESS	<b>669 Vocelle Ave</b>	
1.4 CITY-ST-ZIP	<b>SEBASTIAN, FL 32958</b>	
2.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Mitchell Gordon</b>	
2.3 STREET ADDRESS	<b>2731 Rhapsody Street</b>	
2.4 CITY-ST-ZIP	<b>Palm Bay, FL 32905</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Peggy S. Hartman* 407 732-2211

CR2E037 (9/96)