

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 15 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 # **N21842** (2)  
1. Corporation Name  
**SOUTH BREVARD MOTHERS OF MULTIPLES, INC.**



Principal Place of Business <b>P. O. BOX 1295 3251 MELBOURNE FL 32902-1295 US</b>	Mailing Address <b>P. O. BOX 1295- 3251 MELBOURNE FL 32902-1295 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 P.O. Box 3251</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26 P.O. Box 3251</b> Suite, Apt. #, etc. <b>27</b>	3. Date Incorporated or Qualified <b>07/31/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
City & State <b>23 Melbourne</b>	City & State <b>28 Melbourne</b>	4. FEI Number <b>59-2845426</b>	Applied For Not Applicable
Zip <b>24 32902</b>	Country <b>25 Brevard</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23 Melbourne</b>	City & State <b>28 Melbourne</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24 32902</b>	Country <b>25 Brevard</b>	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 <b>BEAL, MARY 106 BAY DR N INDIAN HARBOR BCH FL 32937</b>	10. Name and Address of New Registered Agent <b>81 Name DeEtte Webb 82 Street Address (P.O. Box Number is Not Acceptable) 114 Honeysuckle Lane 83 84 City Melbourne FL 85 Zip Code 32901</b>
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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 **DeEtte Webb** DATE **9/31/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINCHELL, LAURIE</b>	1.2 NAME	<b>T/D</b>
STREET ADDRESS	<b>341 CYPRESS ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SD LOSAVIO, SANDRA</b>	2.2 NAME	<b>YONTINA WILSON</b>
STREET ADDRESS	<b>2457 KINGSMILL AVE</b>	2.3 STREET ADDRESS	<b>1420 WALDRON ST., SE</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32934</b>	2.4 CITY-ST-ZIP	<b>PAIM BAY, FL 32907</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DV DRUCKENMILLER, LAURIE</b>	3.2 NAME	
STREET ADDRESS	<b>530 SAWGRASS CIRCLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD BEAL, MARY</b>	4.2 NAME	<b>400002293074</b>
STREET ADDRESS	<b>106 BAY DR. N.</b>	4.3 STREET ADDRESS	<b>-09/15/97--01104--006</b>
CITY-ST-ZIP	<b>INDIAN HARBOUR BEACH FL</b>	4.4 CITY-ST-ZIP	<b>***61.25</b>
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PD MESAROS, JONNIE</b>	5.2 NAME	<b>DEWISE HAMMOND</b>
STREET ADDRESS	<b>4713 CANARD RD</b>	5.3 STREET ADDRESS	<b>1265 GIRALDA CIRCLE, N.W.</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	5.4 CITY-ST-ZIP	<b>PAIM BAY, FL 32907</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>P/D DE ETTE Webb</b>	6.2 NAME	<b>DEETTE WEBB</b>
STREET ADDRESS	<b>114 HONEYSUCKLE LANE</b>	6.3 STREET ADDRESS	<b>114 HONEYSUCKLE LANE</b>
CITY-ST-ZIP	<b>Melbourne FL 32901</b>	6.4 CITY-ST-ZIP	<b>MELBOURNE, FL 32901</b>

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 if changed, or on an attachment with an address.

SIGNATURE **DeEtte Webb** SIGNATURE REQUIRED **DeEtte Webb**

CR2E037 (4/97)