CORPORATION     ANNUAL REPORT     1998     199     198     199     198     199     198     199     198     199     198     19     19     198     19     198     19     198     19		FILE NOW: F	ILING FEE	IS \$61.2	5		H	FILE	D	
ANUAL REPORT 1998  Division of construct is sum Division of construction  Sector state  Division of construction  Sector state  Sector  Sect			FL		RTMENT OF	STATE	] May 14	190	)8 8.	00a
SOUTH BREVARD MOTHERS OF MULTIPLES, INC.		1998			•		Secret	iary	0I S	tate
Principal Place of Business Or Box 231 P. O. 200: 231 P. D. D. Bar Incorporated or Qualified Off. 21/1987 P. D. Applicat P. Principal Place of Business P. D. Railing Address P. D. Railing	DOCU . Corporatio	MENT # N218	42	(2)						
Maining Audities       Maining Audities         Maining Audities       P. D. Box 353 BLBX/INHE FL 3802       P. D. Box 353 BLBX/INHE FL 3802       A. Data Incorporation or Qualified OT3 1/1987         L       Principal Pace of Business       24 Business       A. Mailing Address       A. Cartificate of Statue Desired       Acplication Field Status         Sole. Apl # #0C       20 Business       24 Business       Country       B. Encine Company Parity Field Contribution       B. Encine Company Parity Field Contribution       B. Base Company Field Contribution         City & State       27 Business       20 Country       20 Business       Country       B. Encine Company Parity Field Contribution       B. Main and Address of Durant Negriteried Againt         Zip       20 Country       20 Business       20 Country       Country       B. This corporation country ware fragedbie Precent and Property Tax doub and to Prese Business of Ever Registered Againt         WEBB, DE ETTE Intel MORENS of Status       10 Bis Name and Address of Ever Registered Againt       10 Bis Name and Address of Ever Registered Againt         MEBDUINE FL 32001       44 City       61 Bis Name and Address of Ever Registered Againt       10 Bis Name and Address of Ever Registered Againt         MILDUINE FL 32001       0EEETTE       10 Bis Name and Address State Property Tax doub and the subpolition state and the subpolition state and the subpolition state andress gont is tert hand state againt is tert hand the subpolition	SOUTH	I BREVARD MOTHERS O	F MULTIPLES,	, INC.						-
BOX 3251     BOX 325     B		and Business								
ELBOCINNE FL 3902 US	•		-							
Experience of Business     Sole, Apt #, etc.     Sole, Apt #,	ELBOURNE F		MELBOURN				07/31/1987	ed		
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Stills Apt #, etc.         Suite Apt #, etc.         Suite Apt #, etc.         Extern Apt #, etc.         Suite Apt #, etc.         Extern Apt #, etc.         Added to Fees           City & State         28         City & State         Trust Fund Centribution         Added to Fees           City & State         28         City & State         Y. Is the nonprofit corporation a homeowner searchitch?         Yes         Mon           20         28         Zip         Country         Entitic corporation a homeowner searchitch?         Yes         Mon           20         28         Zip         Country         Entitic corporation owes or hear pid the entitightie         Yes         Mon           20         28         Zip         30         Feeroant Property Tax due June 30         Yes         Yes         Yes           41         HONEYSUCKLE LANE         41         Name         Name         Yes	<b>-</b>	Place of Business		) Address					<b>* *</b> • • • •	
City & State       City & State       7. Is this nonportation someowners presculator?         Zip       Zip       Zip       Country       Zip       Yes	Suite, Apt. #, etc. Suite, Apt. #, etc.			Apt. #, etc.				~	\$5.00	May Be
Zip       Country       Zip       Country       Zip       Country       Presonal Property actual uses       Presonal Property actual uses <th< td=""><td>City &amp; Stat</td><td>le</td><td>City &amp;</td><td>State</td><td>·····</td><td></td><td></td><td>a homeown</td><td>ers associatio</td><td></td></th<>	City & Stat	le	City &	State	·····			a homeown	ers associatio	
B. Name and Address of New Registered Agent     10. Name     10. Name and Address of New Registered Agent     10. Name     10. Name and Address of New Registered Agent     10. Name	Zip	·	Zip			y	· ·	s paid the c	urrent year in	
WEBB, DE ETTE 144 HONEYBUCKLE LANE MELDOURNE FL 32901       Bit 2         14       HONEYBUCKLE LANE MELDOURNE FL 32901       Bit 2         14       HONEYBUCKLE LANE MELDOURNE FL 32901       Bit 2         14       HONEYBUCKLE LANE Methomethy Mit, and accept the obligation submits this statement for the purpose of changing its registered agent. I am temp with and accept the obligation spl. Spl. and Statutes. The copyration's board of directors. Thereby accept the appointment as registered agent. I am temp with and accept the obligation spl. Spl. and Statutes.       4/1 / 1/9.8         2       Splane. Yind to Provision's of Sections 617 2050. Profess Algorit approximation's board of directors. Thereby accept the obligation spl. Spl. and Statutes.       4/1 / 1/9.8         2       Splane. Yind to Provision's obligation and the approximation spl. Spl. and Statutes.       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.         14       T D       DELETE       11 HILE       DATE       Date         14       DY D       DELETE       11 HILE       DATE       Date         14       DY D       DELETE       21 HILE       DATE	<u> </u>			gent						
144 HONEYSUCKLE LANE       B3         MELBOURNE FL 32901       File         144 HONEYSUCKLE LANE       B3         144 HONEYSUCKLE LANE       B4         Officer to optimize of providences of Sections 617 0500 and 617 1508. Forida Statutes, the above named corporation submits this statement for the purpose of changing its registered optimes to complete the above named corporation's board of directors. Thereby accept the abgreent interaction of directors. Thereby accept the abgreent interaction of directors. Thereby accept the abgreent interactors. Thereby acc	WEDD F				L		•			
Index of 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 optice or registered agont, or both, in the State of Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agont, or dona in the State of Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agont, or dona in the State of Florida Statutes.         Identity the intermity with, and its of state of Florida Statutes.       4/ 1/4       // / 92         Identity the intermity with, and its of state of Florida Statutes.       13.       ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12         Identity the interview of the provision of the state of Florida State	144 HONEYSUCKLE LANE						ress (P.O. Box Number is Not Acce	ptable)		
I. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-named corporation submits this statament for the purcess of changing this registered agent, and accept the displayment, and accept the objection 617 0503. Florida Statutes.       Image: Image										
T. Pursuant to the provisions of 2 Sections 617 (502) and 617 (508). Fordida Statules, the above-named comparison is board of directors. I hereby accept the appointment as registered agent. Lent termising with, and accept the obligations of the corporation is board of directors. I hereby accept the appointment as registered agent. Lent termising with, and accept the obligations of the corporation is board of directors. I hereby accept the appointment as registered agent and accept the obligations are registered agent and accept the obligations are registered agent and accept the obligations are registered agent and accept the obligations accept the obligations are registered agent and accept the obligations are registered agent agents.         SIGNATURE       WINCHELL, LAURIE         Tree       TD         WINCHELL, LAURIE       I DELETE         SIGNATURE       I STRET ADDRESS         Mite application and accept the obligation registered agent accept when related agent accept when related agent accept					84	City		F	85 Zip	Code
Signature       MC       MC       MODE	1. Pursuant	to the provisions of Sections 617,	0502 and 617.1508	, Florida Statut	tes, the abov	e-named corp	poration submits this statement for t			ts registered
Standards: typical or phonon and the d appricade.       (NOTE Registread Again signature required a value and the d appricade.       Date         2.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.         Trie       T       D       DELETE       11. TITLE       Change       Addition of the demonstration of the damage and the damag		im familiar with, and accept the of	bligations of, Sectio	n 617.0503, Fi	orida Stalute	is.	non's board of directors. Thereby a		IG o	1991210100
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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	4. hereby (	certify that the information supplie	d with this filing doe	as not quality fr	6.4 CITY-	st-ZIP	Section 119.07(3)(i) Florida Statut	es. I further (	certify that the	information
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