FILE NOW: FILING FEE IS \$61.25					
NONPROFIT CORPORATION				TATE	:
ANNUAL REPORT Secretary of			ary of State		
1996 DIVISION OF CORPORATIONS				NS	
DOCUMENT # N39734 (1)					
BREVA	RD AUTO BODY ASSOCIAT	ion, inc.		1 1881/181 888 11/18 18/18 10/18 10/18 10/18 10/18 10/18 10/18 10/18 10/18 10/18 10/18 10/18 10/18 10/18 10/18	
Principal Place of Business Mailing Address					
P.O. BOX 561045 P.O. BOX 561045 ROCKLEDGE FL 32956-8045 ROCKLEDGE FL 32956-8045			04E		
		HOOKELOOL TE SEALOU	~	3. Date incorporated or Qualified 3a. Date of Last Report	
2. Principal Place of Business 2a. Mailing Address				08/27/1990         05/01/1995           4. FEI Number         Applied For	
21 Suite, Apt.	26 Suite, Apt. #, etc. Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	59-3057911 Not Applicable Section 1 Status Decision \$8,75 Additional	
22	22 27			5. Certificate of Status Desired Fee Required	l
City & State	e	City & State		<ol> <li>Election Campaign Financing Trust Fund Contribution</li> <li>Added to Fees</li> </ol>	i
Zip	Country 25	Zip 29	Country	B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes      Yes PNo	ļ
	9. Name and Address of Curren			10. Name and Address of New Registered Agent	
				Name Sprink, Teresa J.	
REBON, MARY 1750 S HUNTINGTON LN				Street Address (P.O. Box Number is Not Acceptable) TSOS, HUNTINGTON LN.	
BOX 561			83	P.O. Box 561045	
1	DGE FL 32955			City Bockledge FL 85 210 Code 55	
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	in, and accept the obligations of Sect	SALAR R Lorida Statutes.		2128/96	İ
12.	Signature, typed or printed name of registered agent OFFICERS AN		E: Registered Agent sign	sgnature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICE AND DIRECTORS IN 12	32)
THLE	PD	DELETE	1.1 TITLE	PD Change Addition	(12/95)
NAME STREET ADDRESS	JOE FOWLER 1350 S. HOPKINS AVE.		1.2 NAME 1.3 STREET ADD	DDRESS 1950 E. MERTITISIAND CSWY.	32E037
CITY-ST-ZIP	TITUSVILLE FL		1.4 DITY - ST - ZI	The Mercitt Island, FL 32952	R2E
TITLE NAME	STD		2.1 TITLE 2.2 NAME	Bruhange Li Addition	ō
STREET ADDRESS	REBON, MARY 880 S APOLLO BLVD		2.3 STREET ADD	DDRESS 1505, HUNTINGTON LN.	
CITY - ST - ZIP TITLE	MELBOURNE FL		2.4 CITY - ST - Z	21P Rockledge, FL 32955	
NAME	D Sharpe, everette		3.1 TITLE 3.2 NAME	Larry Elliott et	
STREET ADDRESS	1750 S HUNTINGTON LANE		3.3 STREET ADD	DDRESS 1360 W. KINGOT	
CITY-ST-ZIP TITLE	Rockledge Fl VD		3.4. CITY - ST - ZI 4.1 TITLE	$\frac{-2IP}{TO} = \frac{1}{TO} + \frac{1}{T$	
NAME	RHINEHART, MIKE	—	4. 2 NAME	Exercite Sharpe, Sr.	
STREET ADDRESS	1850 E. MERRITT ISLAND CAN	JSEWAY	4.3 STREET ADD		
CITY-ST-ZIP TITLE	D	DELETE	44 CITY-ST-ZI 51 TITLE	ZIP ROCKIEGE FL 32955 JOE FOWLEF (D) DChange Addition	
NAME	BARRELLE, CLINT		5 2 NAME	1200 & Handride Ade.	
STREET ADDRESS DITY - ST - ZIP	809 N. COCOA BLVD. COCOA FL		5 3 STREET ADD 5 4 CITY - ST - Zif	and the state of the second A	
THILE	D	DELETE	6.1 TITLE	D D Addition	
NAME STREET ADDRESS	MITCHUM, DAVE		6.2 NAME 6.3 STREET ADD	DDRESS \$15 Washburn Rd.	
CITY-ST-ZIP	1026 South Hopkins aven Titusville Fl		6.4 CITY-ST-ZIF	IP I Melboural IF 32934	1
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplement is to and accurate and that my signature shall have the same local domain and a florida under the section of the same local the section 119.07(3)(k).					
appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:					