FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 APR -4 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43284 (1)

1. Corporation Name
BCARC HOMES IV, INC.

Principal Place of Business	Mailing Address
% 110 DIXIE LANE COCOA BEACH FL 32931	% 110 DIXIE LANE COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1991
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-3185288 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DRESSLER, JAMES R.
110 DIXIE LANE
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	D	☒ Change ☒ Addition
NAME	SCHWEINSBERG, JOHN R JR	1.2 NAME	Schweinsberg, Jr. John R.	
STREET ADDRESS	850 BELHURST LANE	1.3 STREET ADDRESS	850 Belhurst Lane	
CITY-ST-ZIP	ROCKLEDGE FL	1.4 CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	~~VD~~	2.1 TITLE	T	☒ Change ☒ Addition
NAME	BRUNS, PAUL	2.2 NAME	Bruns, Paul	
STREET ADDRESS	~~200 S. BANANA RIVER BLVD - SUITE 2407~~	2.3 STREET ADDRESS	3165 N. Atlantic Ave., R.H. #4	
CITY-ST-ZIP	COCOA BEACH FL 32931	2.4 CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	~~C~~	3.1 TITLE	D	☒ Change ☒ Addition
NAME	LAIBL, JAMES C JR	3.2 NAME	Laibl, James C. Jr.	
STREET ADDRESS	3500 N SYLVAN LANE	3.3 STREET ADDRESS	3500 N. Sylvan Lane	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	~~D~~	4.1 TITLE	D	☒ Change ☒ Addition
NAME	OSBORNE, MAC	4.2 NAME	Osborne, Mac	
STREET ADDRESS	% TRAVIS HARDWARD, 300 DELANNOY AVE	4.3 STREET ADDRESS	300 Delannoy Ave.	
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	Cocoa, FL 32922	
TITLE	S	5.1 TITLE	S	☐ Change ☒ Addition
NAME	RUSSELL, ELIZABETH	5.2 NAME	Russell, Elizabeth	
STREET ADDRESS	525 INDIAN RIVER AV, 302	5.3 STREET ADDRESS	525 Inidan River Ave. 302	
CITY-ST-ZIP	TITUSVILLE FL	5.4 CITY-ST-ZIP	Titusville, FL 32796	
TITLE	~~T~~	6.1 TITLE	D	☒ Change ☐ Addition
NAME	~~NUTTING, CHARLES~~	6.2 NAME	Dixie Sansom c/o Brevard County Medical	
STREET ADDRESS	~~719 E. HIBISCUS BLVD.~~	6.3 STREET ADDRESS	110 Barton Avenue Society	
CITY-ST-ZIP	~~MELBOURNE FL~~	6.4 CITY-ST-ZIP	Rockledge, FL 32955	

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)(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: Jan M Dressler 3-9-95 407-690-3464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0098776