

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 12 AM 12:24

DOCUMENT # **N46476** (0)

1. Corporation Name  
**A.R.T.S. OF BREVARD, INCORPORATED**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**2202 BRYAN ST.  
MELBOURNE FL 32901  
US** **2202 BRYAN ST.  
MELBOURNE FL 32901  
US**

3. Date Incorporated or Qualified **12/16/1991** 3a. Date of Last Report **04/22/1994**  
4. FEI Number **59-3100307** Applied For Not Applicable  
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

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

9. Name and Address of Current Registered Agent  
**LUKAT, GILBERT  
185 CORAL WAY EAST  
INDIALANTIC FL 32903**

10. Name and Address of New Registered Agent  
81 Name **GILBERT LUKAT**  
82 Street Address (P.O. Box Number is Not Acceptable) **559 Hwy A1A**  
83  
84 City **Satellite Beach, FL** 85 Zip Code **32922**

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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUKAT, GILBERT	12 NAME	GILBERT LUKAT
STREET ADDRESS	185 CORAL WAY EAST	13 STREET ADDRESS	559 Hwy A1A
CITY - ST - ZIP	INDIALANTIC FL	14 CITY - ST - ZIP	Satellite Beach, FL 32922
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINSON, JUDITH	22 NAME	
STREET ADDRESS	325 ANGELO LN	23 STREET ADDRESS	
CITY - ST - ZIP	COCOA BEACH FL	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAWSER, RAY A	32 NAME	
STREET ADDRESS	308 KENT DR	33 STREET ADDRESS	
CITY - ST - ZIP	COCOA BEACH FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 the 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: Gilbert Lukat GILBERT LUKAT 4/5/95 (407) 728-7178  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #