

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 12 AM 9:15

DOCUMENT # **N48357** (0)
1. Corporation Name
BREVARD TEACHING AND RESEARCH LABORATORIES, INC.

Principal Place of Business Mailing Address
**C/O BREVARD COMMUNITY COLLEGE
250 GRASSLAND ROAD
PALM BAY FL 32909**

DO NOT WRITE IN THIS SPACE

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

3. Date incorporated or Qualified 3a. Date of Last Report
04/14/1992 **02/01/1994**
4. FEI Number Applied For
59-3117858 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

9. Name and Address of Current Registered Agent
**BILLINGS, SANDRA E
C/O FLORIDA ADVANCED TECHNOLOGY CENTER
250 GRASSLAND ROAD
PALM BAY FL 32909**

10. Name and Address of New Registered Agent
81 Name **Michael Helmstetter**
82 Street Address (P.O. Box Number is Not Acceptable) **c/o Florida Advanced Technology Center**
83 **250 Grassland Road**
84 City **Palm Bay** FL 85 Zip Code **32909**

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 officer 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 607.0506, Florida Statutes.

SIGNATURE *[Signature]* DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	BILLINGS, SANDRA E
STREET ADDRESS	250 GRASSLAND ROAD
CITY-ST-ZIP	PALM BAY FL
TITLE	D
NAME	COLMAN, CHARLES DR.
STREET ADDRESS	BCC PALM BAY CAMPUS 250 GRASSLAND ROAD
CITY-ST-ZIP	PALM BAY FL 32909
TITLE	D
NAME	PURGA, BERT
STREET ADDRESS	BCC COCOA CAMPUS 1519 CLEARLAKE ROAD
CITY-ST-ZIP	COCOA FL 32922-6597
TITLE	D
NAME	SIMPKINS, BERNARD
STREET ADDRESS	BCC BOARD OF TRUSTEES 1519 CLEARLAKE ROAD
CITY-ST-ZIP	COCOA FL
TITLE	D
NAME	MEGREGIAN, STEPHEN
STREET ADDRESS	1519 CLEARLAKE RD.
CITY-ST-ZIP	COCOA FL 32922-6597
TITLE	ST
NAME	WHITCOMB, JARED
STREET ADDRESS	250 GRASSLAND ROAD
CITY-ST-ZIP	PALM BAY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	Helmstetter, Michael	
1 3 STREET ADDRESS	250 Grassland Rd	
1 4 CITY-ST-ZIP	Palm Bay, FL 32909	
2 1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	Lawton, Robert	
2 3 STREET ADDRESS	250 Grassland Rd.	
2 4 CITY-ST-ZIP	Palm Bay, FL 32909	
3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	D'Albora, John	Clearlake
4 3 STREET ADDRESS	BCC Board of Trustees, 1519 Rd.	
4 4 CITY-ST-ZIP	Cocoa, FL 32922	
5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 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 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **5-3-95** DAYTIME PHONE: **407-632-1111**
JARED H. WHITCOMB, Secretary/Treasurer X **22068**