

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Mar 22 1996 8:00 am  
Secretary of State

**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**

3. Date Incorporated or Qualified **04/14/1992** 3a. Date of Last Report **06/12/1995**  
4. FEI Number **59-3117858** 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**  
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 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**HELMSTETTER, MICHAEL  
C/O FLORIDA ADVANCED TECHNOLOGY CENTER  
250 GRASSLAND RD  
PALM BAY FL 32909**

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DCP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HELMSTETTER, MICHAEL</b>	1.2 NAME	
STREET ADDRESS	<b>250 GRASSLAND RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAWTON, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>250 GRASSLAND RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PURGA, BERT</b>	3.2 NAME	
STREET ADDRESS	<b>BCC COCOA CAMPUS 1519 CLEARLAKE ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA FL 32922-6597</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D'ALBORA, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>BCC BOT 1519 CLEARLAKE RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEGREGIAN, STEPHEN</b>	5.2 NAME	
STREET ADDRESS	<b>1519 CLEARLAKE RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA FL 32922-6597</b>	5.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITCOMB, JARED</b>	6.2 NAME	
STREET ADDRESS	<b>250 GRASSLAND ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL</b>	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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jared H. Whitcomb* **Jared H. Whitcomb** Date: **2-13-96** Daytime Phone #: **632-1111 Ext. 22068**

CR2E037 (12/95)