

FILE NOW: FILING FEE IS \$61.25

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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48357 (0)
1. Corporation Name
BREVARD TEACHING AND RESEARCH LABORATORIES, INC.



Principal Place of Business C/O BREVARD COMMUNITY COLLEGE 250 GRASSLAND ROAD PALM BAY FL 32909	Mailing Address C/O BREVARD COMMUNITY COLLEGE 250 GRASSLAND ROAD PALM BAY FL 32909
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3. Date Incorporated or Qualified 04/14/1992		
4. FEI Number 59-3117858	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 1470 Treeland Blvd., SE	2a. Mailing Address 26 1470 Treeland Blvd., SE		
Suits, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23 Palm Bay FL	City & State 28 Palm Bay FL		
Zip 24 32909	Country 25 USA	Zip 29 32909	Country 30 USA

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 Helmstetter, Michael F	
82 Street Address (P.O. Box Number is Not Acceptable) Brevard Teaching and Research Laboratories, Inc.	
83 1470 Treeland Blvd, S.E.	
84 City Palm Bay	85 Zip Code FL 32909

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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS

TITLE <input type="checkbox"/> DELETE	DCP HELMSTETTER, MICHAEL
NAME	250 GRASSLAND RD
STREET ADDRESS	PALM BAY FL
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	D LAWTON, ROBERT
NAME	250 GRASSLAND RD
STREET ADDRESS	PALM BAY FL
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	D PURGA, BERT
NAME	BCC COCOA CAMPUS 1519 CLEARLAKE ROAD
STREET ADDRESS	COCOA FL 32922-6597
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	D D'ALBORA, JOHN
NAME	BCC BOT 1519 CLEARLAKE RD
STREET ADDRESS	COCOA FL
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	D MEGREGAN, STEPHEN
NAME	1519 CLEARLAKE RD.
STREET ADDRESS	COCOA FL 32922-6597
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	ST WHITCOMB, JARED
NAME	250 GRASSLAND ROAD
STREET ADDRESS	PALM BAY FL
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	DCP
1.2 NAME	Helmstetter, Michael
1.3 STREET ADDRESS	1470 Treeland Blvd., S.E.
1.4 CITY-ST-ZIP	Palm Bay FL 32909
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	D
2.2 NAME	Lawton, Robert
2.3 STREET ADDRESS	1519 Clearlake Road
2.4 CITY-ST-ZIP	Cocoa FL 32922
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	D
3.2 NAME	Purga, Bert
3.3 STREET ADDRESS	250 Community College Pkway
3.4 CITY-ST-ZIP	Palm Bay FL 32909
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	ST
6.2 NAME	Whitcomb, Jared
6.3 STREET ADDRESS	1470 Treeland Blvd., S.E.
6.4 CITY-ST-ZIP	Palm Bay FL 32909

14. I hereby certify that the information supplied with this filing 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: Michael F. Helmstetter, President/Chairman (407) 632-1111x22056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018896

CR2E037 (10/97)

**Officers and Directors
ADDITIONS**

V

**Ehret, Michael
1470 Treeland Blvd., S.E.
Palm Bay FL 32909**

V

**Price, Thomas
1470 Treeland Blvd., S.E.
Palm Bay FL 32909**

S

**Smithson, LeAnn
1470 Treeland Blvd., S.E.
Palm Bay FL 32909**