

FILE NOW: FILING FEE IS \$61.25

FILED

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

3. Date Incorporated or Qualified 04/14/1992
4. FEI Number 59-3117858
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

9. Name and Address of Current Registered Agent *HELMSTETTER, MICHAEL C/O FLORIDA ADVANCED TECHNOLOGY CENTER 250 GRASSLAND RD PALM BAY FL 32909	
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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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS		
TITLE DCP	NAME HELMSTETTER, MICHAEL	<input type="checkbox"/> DELETE
STREET ADDRESS 250 GRASSLAND RD	CITY-ST-ZIP PALM BAY FL	
TITLE D	NAME LAWTON, ROBERT	<input type="checkbox"/> DELETE
STREET ADDRESS 250 GRASSLAND RD	CITY-ST-ZIP PALM BAY FL	
TITLE D	NAME PURGA, BERT	<input type="checkbox"/> DELETE
STREET ADDRESS BCC COCOA CAMPUS 1519 CLEARLAKE ROAD	CITY-ST-ZIP COCOA FL 32922-6597	
TITLE D	NAME D'ALBORA, JOHN	<input type="checkbox"/> DELETE
STREET ADDRESS BCC BOT 1519 CLEARLAKE RD	CITY-ST-ZIP COCOA FL	
TITLE D	NAME MEGREGAN, STEPHEN	<input type="checkbox"/> DELETE
STREET ADDRESS 1519 CLEARLAKE RD.	CITY-ST-ZIP COCOA FL 32922-6597	
TITLE ST	NAME WHITCOMB, JARED	<input type="checkbox"/> DELETE
STREET ADDRESS 250 GRASSLAND ROAD	CITY-ST-ZIP PALM BAY FL	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE DCP	1.2 NAME Helmstetter, Michael	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS 1470 Treeland Blvd., S.E.	1.4 CITY-ST-ZIP Palm Bay FL 32909	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE D	2.2 NAME Lawton, Robert	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS 1519 Clearlake Road	2.4 CITY-ST-ZIP Cocoa FL 32922	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE D	3.2 NAME Purga, Bert	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS 250 Community College Pkwy	3.4 CITY-ST-ZIP Palm Bay FL 32909	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE ST	6.2 NAME Whitcomb, Jared	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**