

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90011 006 ****61.25

DOCUMENT # N93000005192

Corporation Name

BREVARD COUNTY ALLIANCE OF THE SOUTHEASTERN CON-
ORTIUM FOR MINORITIES IN ENGINEERING, INC.

Principal Place of Business

P.O. BOX 540667

MERRITT ISLAND FL 32954-0667

Mailing Address

P.O. BOX 540667

MERRITT ISLAND FL 32954-0667

614307 - 90011 - 6



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/12/1993	
City & State		City & State		4. FEI Number	
Zip		Zip		59-3224392	
Country		Country		Applied For	
25		29		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
MORRELL, JOSEPH				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
501 N. MAGNOLIA AVE.				Trust Fund Contribution	
SUITE C				10. Name and Address of New Registered Agent	
ORLANDO FL 32801				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

1. 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

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	
NAME	THOMPSON, ROBERT	1.2 NAME	
STREET ADDRESS	8600 ASTRONAUT BLVD.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	CAPE CANAVERAL FL	1.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	HUTT, RONALD	2.2 NAME	
STREET ADDRESS	1025 W NASA BLVD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MELBOURNE FL	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	PREECE, BETTY	3.2 NAME	
STREET ADDRESS	615 N. RIVERSIDE DRIVE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	INDIALANTIC FL	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	WISE, MARY	4.2 NAME	
STREET ADDRESS	8600 ASTRONAUT BLVD	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CAPE CANAVERAL FL	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	WORLAND, SUZANNE	5.2 NAME	
STREET ADDRESS	8600 ASTRONAUT BLVD	5.3 STREET ADDRESS	
CITY-STATE-ZIP	CAPE CANAVERAL FL	5.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	WILSON, ALBERTA	6.2 NAME	
STREET ADDRESS	O&C BLDG., ROOM 1136, ROC-1	6.3 STREET ADDRESS	
CITY-STATE-ZIP	KENNEDY SPACE CENTER FL 32899	6.4 CITY-STATE-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/99 407 867-1485
Date Daytime Phone #

CR2E037 (5/99)