

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001276 (4)

1. Corporation Name

BREVARD EXPO, INC.



Principal Place of Business

Mailing Address

**1901 HARBOR CITY BOULEVARD
SUITE 805
MELBOURNE FL 32901**

**1901 HARBOR CITY BOULEVARD
SUITE 805
MELBOURNE FL 32901**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified
03/10/1994

3a. Date of Last Report
04/12/1995

4. FEI Number
59-3273469

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURPHY, JOHN T ESQ.
1901 HARBOR CITY BOULEVARD
SUITE 805
MELBOURNE FL 32901**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD THOMPSON, CAROLYN LEE**
STREET ADDRESS **579 COCONUT STREET**
CITY-ST-ZIP **SATELLITE BEACH FL**

TITLE ☒ DELETE
NAME **VPD PETERS, JEFF**
STREET ADDRESS **970 P LICAN LANE**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE ☐ DELETE
NAME **SD MERRY, M KATHRYN**
STREET ADDRESS **685 GREENWOOD MANOR CIRCLE**
CITY-ST-ZIP **W MELBOURNE FL**

TITLE ☒ DELETE
NAME **TD VARDELL, JOHN**
STREET ADDRESS **403 MCLEOD DRIVE**
CITY-ST-ZIP **COCOA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Vpd MEEHAN, KIMBERLY**
2.3 STREET ADDRESS **660 Nida Drive**
2.4 CITY-ST-ZIP **Melbourne FL 32935**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

M. Kathryn Merry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. KATHRYN MERRY

9 APR 96

Date

407 224-2498

Daytime Phone #

CR2E037 (12/95)