SECONI AMOUNT DUE O	O NOTICE: CORPORATION WILL BE ON OR BEFORE 8/7/96: \$61.25 (IF DISSO	DISSOLVED ON OR AFTER A	AUGUST 7, 1996. To reinstate: \$23	36.25.)			
NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # N9500001001 (5)							
t '	TURNING POINT OF BREVA	ARD. INC.	'				
)		11
Principal Plac	ce of Business	Mailing Address	· With		1 16011101 CID 16101 BIJA DRVI (001)	; 3	
P.O. BOX 540442 P.O. BOX 540442 MERRITT ISLAND FL 32954 MERRITT ISLAND FL 32954			.				
i				3	Date Incorporated or Qualified 03/01/1995	3a. Date of Last Report	
	Place of Business GENEUXIIVE ST.	2a. Mailing Address 26 P.O. Box 5	-411110		FEI Number	Applied For	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				59-330945 Certificate of Status Desired	Not Applicab \$8.75 Additional	le
City & Stat	16	City & State				Fee Required	_
23 Rock	CEDGE, FL.	28 MERRITT.		FL.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 329		29 32954 3	Country BREUR	RD 8	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No	
	9. Name and Address of Current	Registered Agent	81 Name	10	. Name and Address of New Reg		
DELEO, JOSEPH E					BO Day No to All All All All All All All All All Al		
1970 MICHIGAN AVE. BLDG. C				i Address (i	P.O. Box Number is Not Acceptable	a)	
	A FL 32923-1888		83				
			84 City			FL 85 Zip Code	7
 Pursuant office or r 	to the provisions of Sections 617.0502 egistered agent, or both, in the State om familiar with, and accept the obligat	and 617.1508, Florida Statutes, If Florida, Such change was auth	the above-named	corporation	n submits this statement for the pulpard of directors. Thereby accept		1
SIGNATURE			la Statutes.			The appointment as regions of	
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature			DATE	-
TITLE	D	DELETE	1.1 TITLE	10/1	ADDITIONS/CHANGES TO OFFIC	Change X Additio	2E037 (3/96)
NAME	HILL, CHARLES R 4580 ANNETTE CT.		1.2 NAME	HIL	L, CHARLES R		37 (
STREET ADDRESS CITY-ST-ZIP	MERRITT ISLAND FL 32953		1.3 STREET ADDRESS 1.4 CITY+ST-ZIP	45	BO ANNETER	CT.	Ä
TITLE	D	DELETE	2.1 TITLE		<u> </u>	Change Additio	Œ
NAME	LUCIER, WILFRED E JR. 4840 LAKE MICHIGAN AVE.		22 NAME	D/V	C MILIAR, WILFI	RED E JR.	
STREET ADDRESS CITY-ST-ZIP	COCOA FL 32926	ļ	2.3 STREET ADDRESS 2.4 City-St-Zip	484	CIER, WILFI 10 LAKE MICHI 1000 A FL 329	GAN AUB.	
TITLE	DST	DELETE	3.1 TITLE	12.	N Common	Change Addition	n
NAME STREET ADDRESS	robillard, ronald w 4295 n. Indian River dr.		3.2 NAME	1 12	ARY, NADINE (), <u> </u>	
CITY-ST-ZIP	COCOA FL 32927		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	100	BO KURBK CT. F BERITT ISLA	F162 ND F1. 30953	
TITLE		DELETE	4.1 TITLE		CKA-! TOK!	Change Addition	
NAME STREET ADDRESS			4.2 NAME				
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 City-St-Zip	ĺ			
TITLE		DELETE	5.1 TITLE			Change Addition	i
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS				1
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE NAME		DELETE	6.1 TITLE			Change Addition	ï
STREET ADDRESS			62 NAME 63 Street Address		•		
CITY-ST-ZIP			6.4 City - St - 7IP				
made und	y certify that the information supplied v tify that the information indicated on th er oath; that I am an officer or director	of the corporation or the receive	ii aniiluai report is tr ir or trustee emnow				7
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 13 or Block 13 if changed, or on an attachment with an address							
SIGNATURE: L-21-96 690-3757 SIGNATURE AND TYPED OR PRINTED NAME OF SUCH SIGNATURE OF SUCH SIGNATURE AND TYPED OR PRINTED NAME OF SUCH SIGNATURE AND TYPED OR TYPED NAME OF SUCH SIGNATURE AND TYPED OR TYPED NAME OF SUCH SIGNATURE AND TYPED NAME OF SUCH SIGNATURE SUCH SIGNATURE SUCH SIGNATURE SUCH SIGNATURE SUCH SUCH SIGNATURE SUCH SUCH SUCH SUCH SUCH SUCH SUCH SUCH							