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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005364 (3)**

1. Corporation Name

THE FOUNDATION PARK INCUBATOR ASSOCIATION, INC.



Principal Place of Business 250 GRASSLAND ROAD, S.E. PALM BAY FL 32909	Mailing Address P.O. BOX 100280 PALM BAY FL 32910-0280
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3. Date Incorporated or Qualified 11/13/1995	3a. Date of Last Report 09/26/1996
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2. Principal Place of Business 21 939 Sable Circle S.E. Suite, Apt. #, etc. 22 Palm Bay, FL City & State 23 32909 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number APPLIED FOR 31-1471942	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent ROBERTS, WILLIAM ESQ. ROBERTS & EGAN, P.A. 247 S. ADAMS STREET TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent 81 Name Mr. Richard E. Benton, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 1415 E. Piedmont Street, Ste. 4 83 84 City Tallahassee 85 Zip Code FL 32312
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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 *Richard E. Benton* **Richard E. Benton** **3/31/97**
(NOTE: Registered Agent signature required when relistening)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, JODIE H 4505-7 LAKE WATERFORD WAY MELBOURNE FL 32901 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADAMS, TOM B 11550 C.R. 507 FELLSMERE FL 32948 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NEMEROFF, BRIAN L 280 SALMON DRIVE PALM BAY FL 32907 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VPD Thompson, Jodie H. 939 Sable Circle SE Palm Bay, FL 32909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PD Tom B. Adams 11550 C.R. 507 Feesmere, FL 32948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	STD Brandon, Harry E. 1900 S. Harbor City Blvd. Melbourne, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 *Jodie H. Thompson* **Jodie H. Thompson** **3/21/97** **407-632-1111**

CR2E037 (9/96)