FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 21 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000032980 (2)**

1. Corporation Name
BREVARD LEGAL ARTS CENTER, INC.

Principal Place of Business	Mailing Address
317 RIVEREDGE PLAZA COCOA FL 32922	317 RIVEREDGE PLAZA COCOA FL 32922

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/25/1994
3a. Date of Last Report:

2. Principal Place of Business
21 200 Brevard Ave.
22 Suite, Apt. #, etc. 200 Brevard Ave.
23 City & State: Cocoa, Florida
24 Zip: 32922 25 Country: Brevard

2a. Mailing Address
26 200 Brevard Ave
27 Suite, Apt. #, etc. n/a
28 City & State: Cocoa, Florida
29 Zip: 32922 30 Country: Brevard

4. FEI Number: 59-3243696 ☐ 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

VANCE, L A
317 RIVEREDGE PLAZA
COCOA FL 32922

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVSD	1.1 TITLE	PVSD	☑ Change ☐ Addition
NAME	VANCE, L A	1.2 NAME	Vance, R.A.	
STREET ADDRESS	317 RIVEREDGE PLAZA	1.3 STREET ADDRESS	200 Brevard Ave	
CITY-ST-ZIP	COCOA FL 32922	1.4 CITY-ST-ZIP	Cocoa, Florida 32922	
TITLE	T	2.1 TITLE	T	☑ Change ☐ Addition
NAME	VANCE, L A	2.2 NAME	Vance, R.A.	
STREET ADDRESS	317 RIVEREDGE PLAZA	2.3 STREET ADDRESS	200 Brevard Ave.	
CITY-ST-ZIP	COCOA FL 32922	2.4 CITY-ST-ZIP	Cocoa, Florida 32922	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed, or on an attachment with an address.

SIGNATURE: _____ 3/15/95 407/636-4861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
L. A. Vance

0067033, CP