

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000086930 (2)

1. Corporation Name

BLUE VELVET OF BREVARD, INC.



Principal Place of Business

451 TORTOISE VIEW CIRCLE  
SATELLITE BEACH FL 32937

Mailing Address

451 TORTOISE VIEW CIRCLE  
SATELLITE BEACH FL 32937

3. Date Incorporated or Qualified

11/28/1994

3a. Date of Last Report

06/19/1995

2. Principal Place of Business

2a. Mailing Address

21 111 MARTESIA WAY

26 P.O. BOX 159

4. FEI Number

59-3276804

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

22 City & State

23 INDIAN HBR FL

27 City & State

28 INDIAN HBR FL 32937

24 Zip

32937

Country

25 BREVARD

Zip

29 32937

Country

30 BREVARD

9. Name and Address of Current Registered Agent

KISH, CHARLES J  
451 TORTOISE VIEW CIRCLE  
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name  
HENRY PLAAG  
82 Street Address (P.O. Box Number is Not Acceptable)  
111 MARTESIA WAY  
83  
84 City  
INDIAN HARBOR FL  
85 Zip Code  
32937

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

*Henry Plaag*

HENRY PLAAG

4/30/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KISH, CHARLES J  
451 TORTOISE VIEW CIRCLE  
SATELLITE BEACH FL 32937

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KISH, LEONNA R  
451 TORTOISE VIEW CIRCLE  
SATELLITE BEACH FL 32937

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

☐ 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  
D  
PLAAG, HENRY  
111 MARTESIA WAY  
INDIAN HBR, FL 32937

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
D  
PLAAG, DEBORAH  
111 MARTESIA WAY  
INDIAN HBR, FL 32937

☐ Change ☒ Addition

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Henry Plaag*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY PLAAG 4/30/96 407-777-6311  
Date Daytime Phone #

CR2E034 (12/95)