

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT #** P95000011503

1. Corporation Name

**PALM BAY CENTER, INC.**

Principal Place of Business

**1825 S. Riverview Dr  
Melbourne, FL 32901**

Mailing Address

**1825 S. Riverview Dr.  
Melbourne, FL 32901**

2. Principal Place of Business

21 **5240 Babcock St. NE**

2a. Mailing Address

26 **5240 Babcock St. NE**

Suite, Apt. #, etc.

22 **Ste. 300**

Suite, Apt. #, etc.

27 **Ste. 300**

City & State

23 **Palm Bay, FL**

City & State

28 **Palm Bay, FL**

Zip

24 **32905**

Country

25 **Brevard**

Zip

29 **32905**

Country

30 **Brevard**

9. Name and Address of Current Registered Agent

**MITCHELL, BRUCE A.  
1825 S. Riverview Dr.  
Melbourne, FL 32901**

3. Date Incorporated or Qualified

**02/03/1995**

3a. Date of Last Report

4. FEI Number

**59-3299425**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fees Required**

6. Election Campaign Financing

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

**James L. Reinman**

82 Street Address (P.O. Box Number is Not Acceptable)

**1825 S. Riverview Dr.**

83

84 City

**Melbourne**

**FL**

85 Zip Code  
**32901**

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

*James L. Reinman*  
Signature of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **Davies, Morris**

STREET ADDRESS **194 Old Brompton Rd.**

CITY-ST-ZIP **London England SW5 OAS**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 **DP** ☒ Change ☐ Addition

1.2 NAME **Davies, Morris**

1.3 STREET ADDRESS **5240 Babcock St. NE, Ste. 300**

1.4 CITY-ST-ZIP **Palm Bay, FL 32905**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 **300001806973** ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Morris Davies**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 952-2463

CR2E034 (12/95)