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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000086456 (7) **DOCUMENT #**

DIVERSIFIED BUILDERS OF BREVARD, INC.

Principal Place of Business	

Mailing Address

881 RIVIERA DR NE

881 RIVIERA DR NE



PALM BAY	FL 32905	PALM BAY FL 32905					
			·		3. Date Incorporated or Qualified 11/09/1995	3a. Date of La	ast Report
	lace of Business ME AS ABOVE	2a. Mailing Address	. 1 .		4. FEI Number		Applied For
Suite, Apt.		26 P.D. BOX 6155		·	59-3348181		Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required
City & Stat		City & State PALM BAY,	FL		Election Campaign Financing Trust Fund Contribution		5.00 May Be added to Fees
Zγρ 24	Country [25]	Zip 32906-1556	Country 30 BC	EVARD	8. This corporation has liability for i		ers 199.032,
	9, Name and Address of Current		30 0100	341112-	Florida Statutes Yes 10. Name and Address of New R	No	
			81	Name	10. Name and Address of New A	egistered Agen	
ROWLA	ND, MARTINA				V/A		
881 RN	MERA DR NE		82	Street Addre	ss (P.O. Box Number is Not Acceptab	·le)	
	BAY FL 32905		83				
,,,_,,,							
			84	City		F! 85	Zip Code
01 109 500	to the provisions of Sections 607.0502 red agent, or both, in the State of Florid ith, and accept the obligations of, Section 2009 of the obligations of Section 2009 of the Open of Provided Agent acceptance of Figure 2009 of the Open of Telephered Agent acceptance of Telephered	on 607.0505, Florida Statutes.	by the com	oration's board	or directors. Thereby accept the appo	ointment as regist	ered agent. I am
12.	OFFICERS AND		Flogistered Ager	nt signature required r	··· · · · · · · · · · · · · · · · · ·	DATE	ATORE
TITLE	PRESIDENT	[] DELETE	1. 1 TrTLE		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	
NAME	CHARLES M. ROLL		1.2 NAME				nge 🔲 Addition
STREET ADDRESS	BBI RIVIERA DR		1.3 STREET	ADDRESS			
CITY-ST-ZIP	PARM BAY, FL	32905	1.4 CITY - S	i			
TITLE	VICE PRES	DELETE	2. 1 TO LE			Cha	nge Addition
NAME	MARTINA A. P. BBI RIVIERA	DULAND	2 2 NAME				
STREET ADDRESS	BBI RIVIERA	DR.	2.3 STREET	ADDRESS			
CITY-ST-ZIP	PMM BAY, F	-L 32905	24 CHY-S	iT - ZIP			
TITLE NAME	Į.	DELETE	3 1 TITLE	,		☐ Cha	nge 🔲 Addition
STREET ADDRESS			3.2 NAME				
CITY-ST-ZIP			3.3 STREET	ļ			
TITLE		☐ DELFTE	3.4 CITY - S 4. 1 TITLE	r- fir		□ Chai	nge Addition
NAME			4.2 NAME				-8- T VOIDE
STREET ADDRESS			4.3 STREET	ADDRESS	30000195	anvo	
CITY-ST-ZIP			4.4 CiTy - S		30000185 -06/07/96010	กิลกิกล	
TITLE		☐ DELETE	5. 1 TITLE		***200.00	☐ Char	
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET	ADDRESS			
CITY-SI-7IP	1		5.4 CITY - S	T-21P			2/2
TITLE		☐ DELETE	6 1 TITLE			Ch.	nge Addition
NAME OYOTET ADDRESOS			6 2 NAME				ho
STREET ADDRESS			63 STHEFT	I		ا حا	14
CITY-ST-ZIP	<u> </u>		64 CITY-S	T - ZIP)

1 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.

GNATURE:

5-1-96

407-728-9050

SIGNATURE:

5-1-96 407-728-9050

CR2E034 (12/95)