## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600000943 (6)

JRD DEVELOPMENT OF BREVARD, INC.

Principal Place of Business Mailing Address

632 MAGUIRE BLVD.

ORLANDO FL 32803 ORLANDO FL 32803-5011

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SECRETARY OF STATE TALLAHASSEE FLORIDA



3 Date Incorporated or Qualified 39 Date of Last Penort

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2. Pri	Principal Place of Business			28. Mailing Address				4. FEI Number		20	X Ap	plied For	l
21				26				39-	347 77	28	No	t Applicable	ĺ
Su	ite, Apt.	#, etc. Suite, Apt. #, etc.					5. Certificate of	Status Desired		\$8.75 A		Ì	
22		27					J. Cerimoate of	O(dios Desired		Fee Re	quired		
	ty & State	} <del> 3</del> '					6. Election Campaign Financing \$5.00 May Be					}	
23		Country Zip Cour			Countr		Trust Fund Contribution						
24 24	ρ	25	COUNTY	} <del></del>			у	8. This corporation has liability for intangible tax under s. 199, Florida Statutes					
24		25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
<u> </u>						81	},,						
FAE NORTH ON AND AVENUE					ļ	81 Name JOSEPH YUSSIFON							
505. NORTH ORLANDO AVENUE COCOA BEACH FL 32932-0757					82	82 Street Address (P.O. Box Number is Not Acceptable)							
COCOA DEACH PL 32932-0737				83	83								
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						84	City (C)	ho (		FL	85  <b>73</b> 9	<b>ኃሜ</b> ስ ኢ	
<b>11.</b> P	ursuant t	te the provisions o	Sections 607,050	02 and 607 1508,	Florida Statute	s, the abov	e-named corp	poration submits this tion's board of direc	statement for the	ourpose of	changing its	registered	ľ
0	office or re coent. La	elyistored agent on m tembal with at	or both, in the State accept the oblig	e of Florida, Such nations of Section	change was at 607.0505. Flo	uthorized b rida Statute	y the corporal	tion's board of direc	tors. I hereby acce	pt the appo	pintment as i	registered	Ì
ſ	ATURE	Ch	(	,									l
SIGN	ATOME	Stonature types or print	ed name of registered by	ent and title if applicable	(NOTE	Registered Ag	pont signature requi	ired when reinstating)		DATE			
12.			OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/C	HANGES TO OFFIC				[8
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	ADDRESS	632 MAGUIRE				1.3 STREE	T ADDRESS						ļį
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NAME				·		4. 2 NAME		80	oogos:	2,43	11,8		
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STREET	ADDRESS					63 STREE	T ADDRESS						1
CITY-S	T-ZIP	<u> </u>				6.4 CITY-	ST - 74P						
14.   ir	do hereb	by certify that the i	information supply s annual report or	ed with this filing o	does not qualify nual report is tr	y for the ex-	emption states	d in Section 119.07( t my signature shall	3)(i), Florida Statute have the same lea:	s. I further al effect as	certify that I	the der oath: that	
i B	am an of	fficer or director on Block 12 or Block	the corporation of the 13 to open open, o	or the receiver or to or on an attachme	rustee empowe int with an add	ered to exe ress.	cute this repo	d in Section 119.07( t my signature shall rt as required by Ch	apter 607, Florida S	Statutes; ar	d that my n	ame	