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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000042277 (9)

1. Corporation Name

DESIGN CRAFT OF BREVARD, INC.



Principal Place of Business

1050 US HIGHWAY 1
MALABAR FL 32950

Mailing Address

P.O. BOX 380
GRANT FL 32949-0380

3. Date Incorporated or Qualified
05/10/1996

3a. Date of Last Report

2. Principal Place of Business

21 1050 US HIGHWAY 1

Suite, Apt., etc.

22 # 41

City & State

23 MALABAR FL.

24 Zip 32950

Country USA

2a. Mailing Address

26 P.O. Box 380

Suite, Apt., etc.

27 GRANT

City & State

28 GRANT FL

29 Zip 32949-0380

Country USA

4. FEI Number

59-3383536

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

TRAVERS, TIMOTHY ALAN
1050 US HIGHWAY 1
MALABAR FL 32950

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	TRAVERS, TIMOTHY ALAN	6550 WHISPERING PINES LANE	GRANT FL 32949

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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: *Timothy A. Travers* TIMOTHY A. TRAVERS Pres. 2/17/97 407-951-9843

CR2E034 (9/96)