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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

**POCUMENT # P96000083429 (6)** 

FILED
Apr 14 1997 8:00am
Secretary of State

F.E.M.C.O. INC. OF BREVARD  Principal Place of Business Mailing Address  5630 FALCON BLVD  PORT ST JOHN FL 32927  PORT ST JOHN FL 32927-3342					
				3. Date Incorporated or Qualified 10/07/1996	3a. Date of Last Report
2. Principal Fr	ace of Business	2a. Mailing Address		4. FEt Number	Applied For
1		26		59-3403701	Not Applicable
Suite, Apt	#, ota.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
2 <b>3</b>   Ζιρ	Country	<b>Zip</b>	Country	Trust Fund Contribution	Added to Fees
24	25		30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,  Yes No
	9. Name and Address of Curre	nt Registered Agent	30	10. Name and Address of New Ri	<del></del>
SOBI	EN, WAYNE J		81 Name		
	COURTENAY PARKWAY		B2 Street Add	DIEN WAYNE J	h lo
	NTT-ISLAND FL 32954		131	iress (P.O. Box Number is Not Accepta 5 TUSKAWIIIA RA	DIO)
			83	ile int	
			84 City	VITE 103	85 Zip Code
			Will "" Will	uiter SPRINGS	FL 85 Zip Code 32 708
11. Pursuant t	o the provisions of Sections 607,050	02 and 607.1508, Florida Statute	es, the above-named cor	poration submits this statement for the	purpose of changing its registered
agent Lac	egistored agent, or both, in the State in familiar with, and accept the oblig	gations of, Section 607.0505, Flor	rida Statutes	ation a board of directors. I hereby acce	prine appointment as registered
- Paris I en			mad Diamotoc.		
SIGNATURE					
SIGNATURE	Stignature, typed or jointed name of registered ag		Registered Agent signature requ	wred when reinstating)	DATE
SIGNATURE		port and title I applicable. (NOTE ND DIRECTORS	Registered Agent signature requ	ured when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN, 12
SIGNATURE  12. THIE	OFFICERS AN	ND DIRECTORS	Rogistered Agent signature requi	wred when reinstating)	DATE CERS AND DIRECTORS IN, 12
SIGNATURE  12. THE NAME	OFFICERS AN	ND DIRECTORS	Registered Agent signature requ	ured when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
SIGNATURE  12. THE NAME SIFELLALORESS	OFFICERS AND ANDERSON, RANDALL D	ND DIRECTORS	Registered Agent algorature required 13.  1.1 TITLE  1.2 NAME	ured when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
SIGNATURE  12. THLE NAME SIP-ELIADORESS COLY-SUZIE	OFFICERS AND D ANDERSON, RANDALL D 5630 FALCON BLVD PORT ST JOHN FL 32927 D	ND DIRECTORS	Ropistered Agent signature required.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	aired when reinstating)  ADDITIONS/CHANGES TO OFFI  D / D	OATE CERS AND DIRECTORS IN 12 Change Addition
SIGNATURE  12. THE NAME SIPPELADORESS CHY-SUZIE HILL NAME	OFFICERS AND D ANDERSON, RANDALL D 5630 FALCON BLVD PORT ST JOHN FL 32927 D ASCRAFT, CARL D	ND DIRECTORS	Ropistered Agent signature required.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	ured when reinstating)  ADDITIONS/CHANGES TO OFFI	OATE CERS AND DIRECTORS IN 12 Change Addition
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appears in Block 12 or Block 13

SIGNATURE: