

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

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT #** 1. Corporation Name: **Ralbet Assembly, Inc.**  
 561 Minor Avenue, NE  
 Palm Bay, FL 32907

Principal Place of Business: **As above**

Mailing Address:

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/22/96**

4. FEI Number: **59-3410913**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Effect on Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent

**James M. O'Brien**  
**O'Brien, Riemenschneider, Kancilia & Lemosididis, P.A.**  
**1686 W. Hibiscus Blvd**  
**Melbourne, FL 32901**

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 607.0507 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DTP</b>	<input type="checkbox"/> DELETE
NAME	<b>Ralph W. Melson</b>	
STREET ADDRESS	<b>561 Minor Ave NE</b>	
CITY-ST-ZIP	<b>Palm Bay FL- 32907</b>	
TITLE	<b>DVPT</b>	<input type="checkbox"/> DELETE
NAME	<b>Betty L. Melson</b>	
STREET ADDRESS	<b>561 Minor Ave, NE</b>	
CITY-ST-ZIP	<b>Palm Bay FL 32907</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

**900002517149**  
**-05/08/98--01071--008**  
**\*\*\*150.00**

*CC 5/6*

14. I hereby certify that the information supplied was the true and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or separate financial 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; and that I am duly authorized or 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 in my appointment with an address.

SIGNATURE: *Ralph W. Melson*  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-98 725-2027  
 Date Day

CR2E034 (10/97)