

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**  
 09-15-1999 90002 043 \*\*\*550.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000099664**  
 Corporation Name

THE FLORIDA MARKETPLACE OF BREVARD, INC.

Principal Place of Business

BABOCK ST  
 MELBOURNE FL 32901

Mailing Address

1396 S BABOCK ST  
 MELBOURNE FL 32901  
 US



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Suite, Apt. #, etc.

City & State

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Incorporated or Qualified

12/10/1996

4. FEI Number

59-3415390

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 owes the current year Intangible Personal Property.

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DETTMER, DALE A  
 780 SO APOLLO BLVD.  
 MELBOURNE FL 32901

81 Name  
 Robert L. Beals

82 Street Address (P.O. Box Number is Not Acceptable)  
 1900 S. Hickory Street, Suite A

84 City  
 Melbourne

FL 85 Zip Code  
 32901

Pursuant to the provisions of sections 607.0502 and 607.1505, 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]*  
 Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/10/99

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS ZIP	NAME	TITLE	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DPST BROSSARD, WILLIAM J 502 E NEW HAVEN AVE MELBOURNE FL		1.1 TITLE			<input type="checkbox"/>	<input type="checkbox"/>
D PAYLOR, RALPH R. 502 E NEW HAVEN AVE MELBOURNE FL		2.1 TITLE			<input type="checkbox"/>	<input type="checkbox"/>
D ZORBIS, ANDREW 502 E NEW HAVEN AVE MELBOURNE FL		3.1 TITLE			<input type="checkbox"/>	<input type="checkbox"/>
D ALLEN, KENNETH E 502 E NEW HAVEN AVE MELBOURNE FL		4.1 TITLE			<input type="checkbox"/>	<input type="checkbox"/>
		5.1 TITLE			<input type="checkbox"/>	<input type="checkbox"/>
		6.1 TITLE			<input type="checkbox"/>	<input type="checkbox"/>

I 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 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Director** Sept 10, 1999 407-956-2100

CR2E034 (5/99)