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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham \*

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700001857 (6)

ASSOCIATED REALTY GROUP OF BREVARD, INC.

Principal Place of Business

Mailing Address

FILED Apr 02 1998 8:00am Secretary of State



799 N. WICKHAM ROAD 1/102 MELBOURNE FL 32935		700 N. WICKHAM ROAD #102 MELBOURNE FL 32935			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				01/02/1997		
2. Principal Pl	lace of Business	2a. Mailing Address		4, FEI Number	Applied For	
21 3200	N. Wickham Rd	26 3200 N. Wi	kham Rd	59-3422680	Not Applicable	
Suite, Apt.	#, etc. 5 vi 4 e # 3	Suite, Apt. #, etc.	#3	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 <i>He1</i>	bourne FL	Suite, Apt. #, etc.  27 Suite City & State  28 Melbourn	e FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 3293	25 UDH	29 727 33	Country 30 レシカ		Yes No	
	9. Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New Registere	d Agent	
	ÆRS, NORMA J		oi Name	MYEES, Norma J Address (P.O. Box Number is Not Acceptable)		
	8 N. WICKHAM ROAD #102. LBOURNE FL 82885		82 Street	Address (P.O. Box Number is Not Acceptable) 2704 Reed Hye		
			["]			
			84 City	corporation submits this statement for the purpose	85 Zip Code	
44 Pursuant	to the provisions of Sections 607 040	12 and 607 1508 Florida Statute	as the above-named	corporation submits this statement for the purpose	_	
office or r	egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida. Such change was a	MUNICULZON DY LUC COU	poration's board of directors. I hereby accept the a	ppointment as registered	
SIGNATURE	Signature, typed or protect name of registered agri	and und take a partial at the CNCATE	Registered Agent signature	required when reinstating) DATE		
12.		D DIRECTORS	<b>I</b> 13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	DELETE	1.1 TITLE		Change Addition	
NAME	MYERS, NORMA J		1.2 NAME		•	
STREET ADDRESS	700 N. WICKHAM ROAD #10	<del>)2 -</del>	1.3 STREET ADDRESS	2704 Reed Ave		
CITY-ST-ZIP	MELBOURNE FL 32935	· <del>-</del>	1.4 CITY - ST - ZIP	2704 Reed Ave Helpourne, FL 32	901	
TITLE		☐ DELETE	2 1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE	**************************************	Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADORESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition	
HILE			3.1 TITEL	1		
NAS4E		- better	5 2 MANE			
NAME ATREET APPROACE		_ otten	5.2 NAME			
STREET ADDRESS		_ otten	5.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		Change Addition	
STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6 1 TITLE		☐ Change ☐ Addition	
STREET ADDRESS CATY-ST-ZIP TITLE NAME			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME		☐ Change ☐ Addition	
STREET ADDRESS City-St-Zip Title			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6 1 TITLE		☐ Change ☐ Addition	

• I hereby certify that the information supplied with this inling does not quality 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 frustee 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.

CICMATURE.

Manna Muse

-26-48- 407

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CR2E034 (10/97)