1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000002493

1. Corporation Name

CARDETONALT OF DRIVARD INC

	CHAFT OF BREVARD, INC.		·		1	1 16001601 110 1011	( <b>186</b> 1), <b>186</b> 1), <b>186</b> 1), <b>186</b> 1)	18811 88118 11911 8181 <b>8</b>	
	7								
Principal Place	of Business	Mailing Address	-	•		* 150 (100 * 100 *			
825 HAMPTON	WY	825 HAMPTON WY							
APARTMENT A APARTMENT A MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952			-			DO	NOT WRITE IN	THIS SPACE	
MERRITT ISLAN US	ID FL 32952	US			}	3. Date Incorporated o			
00	•	00				01/01/1997			
2 Principal Pl	lace of Business	2a. Mailing Address			+	4. FEI Number	<del> </del>	Apr	plied For
<del></del> 1	lace of Business	26			ļ	59-3420148		<u> </u>	t Applicable
Suite, Apt.	#. etc4	Suite, Apt. #, etc.	<u> </u>					\$8.75 A	dditional
22	, oto:	27				5. Certifcate of Status	Desired	Fee Re	quired
City & State	9 .	City & State	-			6. Election Campaign	Financing	\$5.00	May Be
23	28					Trust Fund Contribu	- 11	Added to	o Fees
Zip	<u> </u>			Country 8. This corp			es the current ye	ar Intangible	
24	25	29	30		ł	Personal Property T	ax	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Addres	s of New Regist	ered Agent	
			]1	Name					
	ER, JOHN E		1	2 Street	Addres	s (P.O. Box Number is N	lot Acceptable)		
	HAMPTON WY								
	RTMENT A		[1	33					
MER	RITT ISLAND FL 32952		1	4 City				85 Zip C	Code
· A								FL	
_11Pursuant.	to the provisions of Sections 607.0502 egistered agent, or both, in the State	and 607.1508, Florida Statutes	s, the abo	ve-named	corpora	ation submits this statem	ent for the purpo	se of changing its	registered (
office of real	egistered agent, or both, in the State on familiar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statut	es.	oration .	s board of directors. The	roby accept the	appoint as vo	
SIGNATURE	, -					•			
SIGNATORE	Signature, typed or printed name of registered agen	· · · · · · · · · · · · · · · · · · ·		gent signature r	equired w	hen reinstating)	DA		
12.	OFFICERS AN	D DIRECTORS	42						
TITLE			13.	. n	<u> </u>	ADDITIONS/CHANG	ES TO OFFICE		
	D TOTAL	DELETE	1.1 TITL	•	P		<del></del>	Change	Addition
NAME .	BAUER, JOHN E		1.1 T/TL 1.2 NAM	E	P Ba		<del></del>	Change	
NAME . STREET ADDRESS	BAUER, JOHN E 525 HAMPTON WY		1.1 TITL 1.2 NAM 1.3 STR	E EET ADDRESS	8 2 8 2		<del></del>	Change	
STREET ADDRESS CITY-ST-ZIP	BAUER, JOHN E	☐ DELETE	1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY	E EET ADDRESS -ST-ZIP	P Ba 82	uer, John E 15 Hampton 15 Itampton	<del></del>	⊠Change 953	☐ Addition
STREET ADDRESS	BAUER, JOHN E 525 HAMPTON WY		1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL	E EET ADDRESS -ST-ZIP E	P Ba 82 Me		<del></del>	Change	
STREET ADDRESS CITY-ST-ZIP	BAUER, JOHN E 525 HAMPTON WY	☐ DELETE	1.1 TITL 1.2 NAW 1.3 STR 1.4 CITA 2.1 TITL 2.2 NAW	E EET ADDRESS -ST-ZIP E	P Ba 82		<del></del>	⊠Change 953	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE	BAUER, JOHN E 525 HAMPTON WY	☐ DELETE	1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR	E EET ADDRESS -ST-ZIP E E EET ADDRESS	P Ba 82 Me		<del></del>	⊠Change 953	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAUER, JOHN E 525 HAMPTON WY	☐ DELETE	1.1 TITL 1.2 NAM 1.3 STR 1.4 CITA 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT	E EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP	P Ba 82 Me		<del></del>	PS3 □ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BAUER, JOHN E 525 HAMPTON WY	☐ DELETE	1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL	EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP E	P Ba 82 Me		<del></del>	⊠Change 953	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAUER, JOHN E 525 HAMPTON WY	☐ DELETE	1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT) 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	E EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E	P Ba 82 Me		<del></del>	PS3 □ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BAUER, JOHN E 525 HAMPTON WY	☐ DELETE	1.1 TITL 1.2 NAW 1.3 STR 1.4 CITV 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR	E EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP E E EET ADDRESS	P Ba 82 Me		<del></del>	PS3 □ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAUER, JOHN E 525 HAMPTON WY	☐ DELETE	1.1 TITL 1.2 NAW 1.3 STR 1.4 CITV 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT	E EET ADDRESS -ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EFT ADDRESS (-ST-ZIP	P Ba 82 Me		<del></del>	PS3 ☐ Change	Addition Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BAUER, JOHN E 525 HAMPTON WY	☐ DELETE	1.1 TITL 1.2 NAW 1.3 STR 1.4 CITV 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAW 4.3 STR	E EET ADDRESS -ST-ZIP E E EET ADDRESS 7-ST-ZIP E E EET ADDRESS 7-ST-ZIP E E EACH AE EET ADDRESS	P Ba 80 Me		WAY .	PS3 ☐ Change	Addition Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	BAUER, JOHN E 525 HAMPTON WY	DELETE  DELETE	1.1 TITL 12 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2. 4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM	E EET ADDRESS -ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS	P Ba 82 Me	uer, John E 15 Hampton rritt Island	WAY PE 32°	Change	Addition Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	BAUER, JOHN E 525 HAMPTON WY	DELETE  DELETE	1.1 TITL 1.2 NAW 1.3 STR 1.4 CITA 2.1 TITL 2.2 NAW 2.3 STR 2.4 CITA 3.3 STR 3.4 CITA 4.2 NAW 4.3 STR 4.4 CITA 5.2 NAW 5.3 STR	E EET ADDRESS -ST-ZIP E E EET ADDRESS /-ST-ZIP E EET ADDRESS /-ST-ZIP E ARE EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS	P Ba 82 Me	uer, John E 15 Hampton rritt Island	WAY  FL 32	Change	Addition Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAUER, JOHN E 525 HAMPTON WY	DELETE  DELETE	1.1 TITL 1.2 NAW 1.3 STR 1.4 CITU 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT 4.2 NAW 4.3 STR 4.4 CITU 5.1 TITL 5.2 NAW 5.3 STR 5.4 CITU	E EET ADDRESS -ST-ZIP E E EET ADDRESS /-ST-ZIP E EET ADDRESS /-ST-ZIP E AE EET ADDRESS /-ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS	P Ba 80 Me	uer, John E 15 Hampton rritt Island	WAY  FL 32	Change  Change	Addition  Addition  Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BAUER, JOHN E 525 HAMPTON WY	DELETE  DELETE	1.1 TITL 1.2 NAW 1.3 STR 1.4 CITA 2.1 TITL 2.2 NAW 2.3 STR 2.4 CITA 3.3 STR 3.4 CITA 4.2 NAW 4.3 STR 4.4 CITA 5.2 NAW 5.3 STR	E EET ADDRESS -ST-ZIP E E EET ADDRESS /-ST-ZIP E EET ADDRESS /-ST-ZIP E AIE EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E	P Ba 80 Me	uer, John E 15 Hampton rritt Island	WAY  FL 32	Change	Addition Addition Addition

14. 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 of rustee 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, pr on an attachment but an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: \_

STREET ADDRESS

CITY-ST-ZIP

<del>終記句USPED</del> SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

459-3230

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90263 023 \*\*\*150.00