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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000041969 (1)

TELA-TECH OF BREVARD INC.

**FILED** Jan 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
2900 LAKE HILL ROAD MELBOURNE FL 32934 2900 LAKE HILL ROAD MELBOURNE FL 32934						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
A 5-12-15-16	No. of Ducine					05/12/1997
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For Not Applied For Not Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				37-845444 P Not Applicable
22 City & State		27	27			5. Certificate of Status Desired
23	e	City & State				6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 Zip	Сол	untry	,	Trust Fund Contribution
24	25	— ·	29 30			This corporation owes or has paid the current year intangible     Personal Property Tax due June 30.    Yes    No
	9. Name and Address of Curre		1331			10. Name and Address of New Registered Agent
HOLLINGSHEAD, DAVID L 81 Name						
	00 LAKE HILL ROAD		82 Street Add		Street Ado	dress (P.O. Box Number is Not Acceptable)
MIC MIC	ELBOURNE FL 32934			83		
				84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 TI	TLE		Change Addition
NAME	HOLLINGSHEAD, DAVID L		1.2 NAME			
STREET ADDRESS	2200 LAKE HILL ROAD	FURALIDADE EL ROSSA		REET	ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934				T-ZIP	
TITLE		L_I VELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRE 2. 4 City-St-Zip			
CITY-ST-ZIP TITLE		T DELETE			ST-ZIP	Change Addition
NAME			J DELETE 3.1 TITLE 3.2 NAME			Citalige Addition
STREET ADDRESS			- 1		ADDRESS	
City-St-ZiP			3.3 STREET ADDRESS 3.4. City - St - Zip			
TOTLE		DELETE	4,1 Ti		DI-ZIF	☐ Change ☐ Addition
NAME			4. 2 N			
STREET ADDRESS			4.3 ST	REET	ADDRESS	-
CITY - ST - ZIP			4.4 CI	TY-S1	T-ZIP	
TITLE		☐ DELETE	5.1 TIT			☐ Change ☐ Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	REET	ADDRESS	
CITY-ST-ZIP	5.4		5.4 CI	TY-ST	T- ZIP	
TITLE		☐ DELETE	6.1 TR	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NA	MĘ		
STREET ADDRESS			6.3 ST	REET	ADDRESS	
CITY-ST-ZIP			6.4 CR			
14. I hereby c	ertify that the information supplied v	vith this filing does not qualify				Section 119.07(3)(i), Florida Statutes. I further certify that the information

officer or director of the corporation or the receiver or trustee ampowered 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.