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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000045132 (2) DOCUMENT

A & D PROPERTIES OF BREVARD, INC.

Principal Place of Business Mailing Address

FILED Jan 27 1998 8:00am Secretary of State



1885 AUROR MELBOURNE		1885 AURORA ROAD MELBOURNE FL 32935	,	DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 05/19/1997	S SPACE
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u> </u>	Not Applicable \$8.75 Additional
22 City & State		27		5. Certificate of Status Desired	Fee Required
23		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	 This corporation owes or has paid the c Personal Property Tax due June 30. 	urrent year Intanotole Yes No
g. Name and Address of Current Registered Agent				10. Name and Address of New Registere	J Agent
BOSCO, ALBERT J 81 Name					
1885 AURORA ROAD			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MELBOURNE FL 32935			83		
•			84 City		85 Zip Code
				F	느ㅣㅣ
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					
12.	Signature, typed or printed name of registered a	agent and tilke it applicable (NOT ND DIRECTORS	I Registered Agent signature req	pured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONO/OFFAIGLES TO OFFICE ITS AT	Change Addition
NAME	BOSCO, ALBERT J	_	1.2 NAME		
STREET ADDRESS	1885 AURORA ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		1.4 CITY - ST - ZIP		
TITLE	0	☐ DELETE	2.1 TITLE		Change Addition
NAME	ENGLE, CLARENCE		2.2 NAME		
STREET ADDRESS	2835 NORTH A1A		2.3 STREET ADDRESS		
CITY-ST-ZIP	ANDIALANTIC FL 32903	DELETE	2. 4 CITY- ST - ZIP		Change Addition
TITLE		LI DELETE	3.1 TITLE		CI Change CI Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE		Change Addition
NAME		L	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 C(TY - ST - ZIP		

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 or susted empowered to execute this report as required by Chapten 607, Florifia Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an inachment with all address.