

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

FILED
May 08 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P97000047392 (0)
 1. Corporation Name
DEAN & ASSOCIATES OF BREVARD, INC.



| | |
|---|---|
| Principal Place of Business 100 OYSTER PLACE ROCKLEDGE FL 32955 | Mailing Address 100 OYSTER PLACE ROCKLEDGE FL 32955 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|---|---|---------------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/29/1997 | |
| 21. 3199 Suntree Blvd Suite, Apt. #, etc. | 26. 3199 Suntree Blvd Suite, Apt. #, etc. | 4. FEI Number 59-3457507 | | Applied For Not Applicable | |
| 22. #1 City & State | 27. #1 City & State | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23. Rockledge, FL City & State | 28. Rockledge, FL City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24. 32955 Zip | 25. USA Country | 29. 32955 Zip | 30. USA Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

LEYTE-VIDAL, LISA J
2005 S TROPICAL TRAIL
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

| | |
|--|--------------|
| 81. Name | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83. | |
| 84. City | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DEAN, DARRELL R | 1.2 NAME | SANTIAGO LEYTE-VIDAL |
| STREET ADDRESS | 100 OYSTER PLACE | 1.3 STREET ADDRESS | 2005 S. Tropical Trail |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | 1.4 CITY-ST-ZIP | Merritt Island, FL 32952 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEYTE-VIDAL, LISAELL J | 2.2 NAME | |
| STREET ADDRESS | 2000 S TROPICAL TRAIL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32952 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-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 trustee 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.

SIGNATURE: *Santiago Leyte-Vidal* April 26, 1998 407-453-2071

CR2E034 (10/97)