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

Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1998

Principal Place of Business

STREET ADDRESS

Block 12 or Block 13 if changed or on an atlachmen

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000089355 (6)

BREVARD CONSTRUCTION SERVICES, INC.

3304 8 HOPKINS AVE #13 PO BOX 10112 TITUSVILLE FL \$2780 COCOA FL 32927 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/16/1997 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-349303 Not Applicable 21 26 Suite, Apt #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country 8. This corporation owes or has paid the current year Intangible Zip Zip Yes Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **R1** Name MCCORMICK, MARTIN J 3304 S HOPKINS AVE #13 Street Address (P.O. Box Number is Not Acceptable) TITUSVILLE FL 32780 83 84 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 fille if applicable (NOTE Registured Agent signature required when teinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. **✓** Addition DELETE PVTS Change 1.1 TITLE TITLE Martin JMcCornick 1.2 NAME NAME 3304 S HOPKINS Ave#13 1.3 STREET ADDRESS STREET ADDRESS Titusville, AT 3278D CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5 3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ■ DELETE 61 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-S1-ZIP

14. Thereby 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 offect as if made under oath; that I am an officer or director of the corporation or the receiver or posee engowered 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 languages.

FILED May 12 1998 8:00am Secretary of State

