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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000008659

1. Corporation Name

NIGHT OWL OF BREVARD, INC.

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90027 001 ***150.00



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Principal Plac	e of Business	Ma	ailing Address						
350 OAK HAVE	en drive	350	OAK HAVEN DRIVE						
MELBOURNE FL 32940 MELBOURNE FL 32940			LBOURNE FL 32940				DO NOT WRITE IN THIS	SDACE	
							3. Date Incorporated or Qualifed	JI ACE	
							· ·		}
D D	No. of Division in the Control of th	(30	Mailing Address				01/26/1998 4. FEI Number	7 740	plied For
_	Place of Business	 ,	Walling Address				59-3489674	<u> </u>	t Applicable
Suite, Apt.	# oto	26	Suite, Apt. #, etc.					\$8.75	
	. **, e.c.	27	Dane, Apr. #, Go.				5. Certificate of Status Desired .	Fee Re	
City & Stat	te	12:1	City & State				6. Election Campaign Financing	\$5.00	May Re
23		28	,				Trust Fund Contribution	Added t	
Zip			Zip Country			8. This corporation owes the current year Inta	ngible		
24	25	29	. [3	0			Personal Property Tax.	∐Yes	Ď(No }
2-7	9. Name and Address of Curre						10. Name and Address of New Registered A	gent	
		- _		81	Na	ame			
THO	OMAS, MARVIN			82	1 -	ot A dale	ess (P.O. Box Number is Not Acceptable)		
350	OAK HAVEN DRIVE			62	31	reet Addre	ess (P.O. Box Number is Not Acceptable)		į
MEL	Bourne FL 32940			83	1				
				84	Ci	tv		85 Zip (Code
				[]		•	FL		
11. Pursuant	to the provisions of Sections 607.05	02 and 6	07.1508, Florida Statutes	, the abov	e-na	med corpo	pration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	:hanging its tment as re	registered
agent. La	registered agent, or both, in the State am familiar with, and accept the oblig	ations of,	Section 607.0505, Florid	ia Statutes	5.	corporation	ing bodie of different, thereby decopt the appear		1
SIGNATURE							_		
- SIGNATORE	Signature, typed or printed name of registered ag-				nt sign	ature required	l when reinstating) DATE		=======================================
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AN		Addition
TITLE	D		☐ DELETE	1,1 TITLE				Change	☐ Addidon
NAME	THOMAS, MARVIN			12 NAME])
STREET ADDRESS	350 OAK HAVEN DRIVE			1.3 STREE	TADD	RES\$			}
CITY-ST-ZIP	MELBOURNE FL 32940			1.4 CITY-S	ST-ZIP				
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CITY-ST-ZIP				3.4. CITY-	CT 71D	,			
TITLE					31-21				
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			☐ DELETE					Change	☐ Addition
STREET ADDRESS			☐ DELETE	4.1 TITLE	-			Change	☐ Addition
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			☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREE	T ADDI	RESS		☐ Change	☐ Addition
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CITY-ST-ZIP				4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-5 5 1 TITLE	ET ADOI	RESS			
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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, with all other like empowered.

SIGNATURE: