


FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90043 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000099642

1. Corporation Name

BREVARD THERAPYWORKS, INC.

Principal Place of Business	Mailing Address
905 N. HARBOR CITY BOULEVARD SUITE 101 MELBOURNE FL 32935	905 N. HARBOR CITY BOULEVARD SUITE 101 MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 200 S. Harbor City Blvd		2a 200 S. Harbor City Blvd		11/23/1998	
22 Suite, Apt. #, etc. 202		27 Suite, Apt. #, etc. 202		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
23 City & State Melbourne FL		28 City & State Melbourne FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 32901 Country Brevard		29 Zip 32901 Country Brevard		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FRESE, GARY B 905 N. HARBOR CITY BOULEVARD SUITE 101 MELBOURNE FL 32935		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEN, JILL	1.2 NAME	
STREET ADDRESS	905 N. HARBOR CITY BOULEVARD, SUITE 101	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUCHA, JENNIFER H	2.2 NAME	
STREET ADDRESS	215 CADE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUCHA, CHRISTOPHER	3.2 NAME	
STREET ADDRESS	215 CADE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jill Benen President 4/25/99 (407) 733-5353

CR2E034 (1/98)