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

**FILED
Mar 17, 1999 8:00 am
Secretary of State**
03-17-1999 90155 023 ***150.00

DOCUMENT # **S09853**

1. Corporation Name

SPECIALTY ADVERTISING OF BREVARD, INC.

Principal Place of Business	Mailing Address
445 THRUSH DRIVE SATELLITE BEACH FL 32937 US	445 THRUSH DRIVE SATELLITE BEACH FL 32937 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
11/02/1990

4. FEI Number		Applied For
59-3038489		Not Applicable

2. Principal Place of Business	2a. Mailing Address	
21	26	
Suite, Apt. #, etc. 22	Suite, Apt #, etc 27	5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing ☐ / Trust Fund Contribution — $5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

CORNWELL, SANDRA R
445 THRUSH DRIVE
SATELLITE BEACH FL 32937

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	DP	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	CORNWELL, SANDRA R.		1 2 NAME	
STREET ADDRESS	445 THRUSH DRIVE		1 3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL 32937		1 4 CITY-ST-ZIP	
TITLE	DVST	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	SPACCIO, LISA ANN		2 2 NAME	
STREET ADDRESS	445 SATELLITE BEACH, FL		2 3 STREET ADDRESS	
CITY-ST-ZIP	SATELITTE BEACH FL 32937		2 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3 4 CITY-ST-ZIP	
TITLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			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			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

CR2E034 (11/98)

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: _Sandra R. Cornwell_   407-777-3990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

SANDRA R. CORNWELL