

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthland
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S85069** (0)

1. Corporation Name

INTERNATIONAL CONSULTING SERVICES OF BREVARD, INC.



Principal Place of Business

Mailing Address

**931 AQUARINA BLVD.
MELBOURNE BEACH FL 32951
US**

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MELBOURNE BEACH FL 32951
US**

3. Date Incorporated or Qualified

10/03/1991

3a. Date of Last Report

06/21/1995

2. Principal Place of Business

2a. Mailing Address

21 5856 RIVERSIDE DR.

26 5856 RIVERSIDE DR.

4. FEI Number

59-3095672

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

24 32951 FL

25 US A.

29 32951 FL

30 US A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEEPLES, JAMES W., III
505 NORTH ORLANDO AVENUE
COCOA BEACH FL 32932**

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: Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **MAYERHOEFFER, ALAIN**
STREET ADDRESS **931 AQUARINA BLVD.**
CITY-ST-ZIP **MELBOURNE BEACH FL**

11 TITLE **D** ☒ Change ☐ Addition

12 NAME **MAYERHOEFFER, ALAIN**
13 STREET ADDRESS **5856 RIVERSIDE DR.**
14 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

A. MAYERHOEFFER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/96

**(407) 951-7927
(407) 952-2173**

Date

Telephone #

CR2E034 (3/96)