FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

	1990	DIVISION C	OF CORPORAT	TONS		
DOCU 1. Corporatio	MENT # V120	689 (8)				
	TOM BUSINESS SERVICE	ES OF BREVARD INC.				
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6.	4 %					
Principal Place		Mailing Address			anit fitten sift bit if fit fill fil	turn anns didis ments Billet Aflikt dillit Aflit
3461 COVE MELBOURN	E COURT NE FL 32935	3461 COVE COURT MELBOURNE FL 32				
					3. Date Incorporated or Qualified 02/07/1992	3a. Date of Last Report 04/14/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		26		59-3193385	Not Applicable	
22 Suite, Apr. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State	9	City & State			B. Floriton Court in F	Fee Required
23		28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζp	Countr	у	8. This corporation has liability for	
24	25	29	30		Florida Statutes 👿 Yes	s □ No
	9. Name and Address of Cur	rrent Registered Agent			10. Name and Address of New F	legistered Agent
LEWIS.	GARY		81	Name		
3461 COVE COURT			82	Street Add	dress (P.O. Box Number is Not Acceptat	ole)
	OURNE FL 32935		83	1		
			84	,		85 Zip Code
11. Pursuant t	o the provisions of Sections 607.09	502 and 607.1508, Florida Statu	tes, the above	named corpo	oration submits this statement for the pur ard of directors. I hereby accept the app	rpose of changing its registered office
familiar wit	th, and accept the obligations of, S	Bection 607.0505, Florida Statute	zed by the corp s.	poration's bo	ard of directors. I hereby accept the app	ointment as registered agent. I am
SIGNATURE _						
12.	Signature, typed or printed name of registered at OFFICE RS	OP 1 and the if application. (N) AND DIRECTORS	OTE Registered Age	nt signature requir	red when reinstating)	DATE
TITLE	D FI DELETE		1. 1 TITLE		ADDITIONS/CHANGES TO OFF	
NAME:	LEWIS, GARY		1.2 NAME	i		Change Addition
STREET ADDRESS	3461 COVE COURT			T ADDRESS		
CHTY-ST-ZIP	MELBOURNE FL		1.4 CITY - 9	S1 - ZIP		
TITLE		DELETE	2.1 TITLE			Change Addition
NAME OTREET LEBERTS			2 2 NAME			
STREET ADDRESS DITY-S1-Zif'			23 STREET	I ADDRESS		
TITLE		DELETE	2.4 Dri Y - 5 3. 1 Tri LE	ST-ZIP		
NAME			3.1 HILE 3.2 NAME			Change Addition
STREET ADDRESS				I ADDRESS		
CITY-ST-ZIP			3.4 CITY - 5			
TITLE		☐ DELETE	4 1 TITLE			Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	ST - ZIP		
TITLE		DELETE	5 1 TITLE	ļ		Change Addition
NAME STREET ADDRESS			5.2 NAME			
CITY-ST-ZIP			5 3 STREET			
TITLE		DELETE	5.4 CITY-S 6. 1 TITLE	1 - ZIP		
NAME		becci	6.2 NAME			Change Addition
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CiTY - S	ľ		
14. I do hereby	certify that the information supplie	of with this files is ush establish		· · · · · · · · · · · · · · · · · · ·		

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or a final attachment with an address.

SIGNATURE:

YMW GARY LEW!

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Daytinie Phone #

CR2E034 (12/9)