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FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V21321

(7)

1. Corporation Name

BRAVO SERVICES CORPORATION

Principal Place of Business

3815 N. US #1
SUITE 121
COCOA FL 32827
US

Mailing Address

1739 VALLEY FORGE DR
TITUSVILLE FL 32796-1589

3. Date Incorporated or Qualified

03/13/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3114500

Applied For

Not Applicable

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VOSCH, MICHAEL J.
1739 VALLEY FORGE DR
TITUSVILLE FL 32796-1589

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

TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	BRAGG, B. K	
STREET ADDRESS	283 EDWARD ROAD	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VOSCH, M. J	
STREET ADDRESS	1739 VALLEY FORGE DRIVE	
CITY - ST - ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STOREY, BEN C	
STREET ADDRESS	500 N WASHINGTON AVE / STE 105	
CITY - ST - ZIP	TITUSVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	O'DELL, ELIZABETH S.	
STREET ADDRESS	2901 SAND TRAP LANE, E	
CITY - ST - ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	BRAGG, B. K	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Juan J. Perez	
1.3 STREET ADDRESS	805 Century Medical Drive	
1.4 CITY - ST - ZIP	Titusville, FL 32780	
2.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mary Vosch	
2.3 STREET ADDRESS	P.O. Box 1963 N/A	
2.4 CITY - ST - ZIP	Titusville, FL 32781-1963	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE: *[Signature]* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 Apr 97

407-678-0800

CR2E034 (9/96)