

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 REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V27927 (5)

1. Corporation Name

ALL BREVARD REALTY, INC.



Principal Place of Business

Mailing Address

4180 MINTON RD
~~2200 LUCILLE LANE~~
POST OFFICE BOX 1208
MELBOURNE FL 32902

P.O. BOX 1208
POST OFFICE BOX 1208
MELBOURNE FL 32935
US

3. Date Incorporated or Qualified
04/06/1992

3a. Date of Last Report
06/27/1995

2. Principal Place of Business

2a. Mailing Address

4180 MINTON RD

PO BOX 1208

Suite, Apt #, etc

Suite, Apt #, etc

MELBOURNE, FL

MELBOURNE, FL

City & State

City & State

32904

32902-30 1208

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SELIG, MARY I

~~2200 LUCILLE LANE~~ 3001 MARY ST.
MELBOURNE FL 32935 32904

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

Mary I. Selig

(NOTE: Registered Agent signature required when reinstating)

DATE

7/1/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVT
NAME SELIG, MARY I
STREET ADDRESS P.O. BOX 1208 - DA
CITY-ST-ZIP MELBOURNE FL

TITLE T
NAME SELIG, MARY I
STREET ADDRESS P.O. BOX 1208 DA
CITY-ST-ZIP MELBOURNE FL

TITLE
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CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
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:

Mary I. Selig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitized File #

7/1/96 407-953-3880

CR2E034 (3/96)