

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 22 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 # **V46468** (7)  
1. Corporation Name  
**SOLID SURFACE FABRICATOR OF BREVARD, INC.**



Principal Place of Business Mailing Address  
**131 TOMAHAWK DRIVE**  
**UNIT 5**  
**INDIAN HARBOUR BEACH FL 32937**  
**131 TOMAHAWK DRIVE**  
**UNIT 5**  
**INDIAN HARBOUR BEACH FL 32937-3544**

3. Date Incorporated or Qualified **06/18/1992** 3a. Date of Last Report **04/05/1996**

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>330400000</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**JACOBY, KENNETH N.**  
**1423 SOUTH PATRICK DRIVE**  
**SATELLITE BEACH FL 32937**

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIEST, SPENCER R.</b>	1.2 NAME	
STREET ADDRESS	<b>131 TOMAHAWK DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIAN HRBR BCH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DPT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITCHELL, BEN</b>	2.2 NAME	<b>MITCHELL BENARD J.</b>
STREET ADDRESS	<b>131 TOMAHAWK DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIAN HARBOR BCH. FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAYL, RICHARD</b>	3.2 NAME	
STREET ADDRESS	<b>131 TOMAHAWK DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIAN HARBOR BCH. FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>VS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>DENISE MITCHELL</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>131 TOMAHAWK DR</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>INDIAN HARBOUR BCH FL</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **D. Mitchell** **1-13-97** **407 777 4470**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0104504

CR2E034 (9/96)