FILE NOW: FILING FE		FLOR	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			APPROVE AND FILED 1997 OCT -6 P	.U N 2: 16			
DOCUN 1. Corporation	MENT # V53	366	(3)			SECRETARY OF TALLAHASSEE.	STATE	<u>.</u>		
• .	MIC ENTERPRISES OF	BREVARD, INC.								
Principal Place	of Business	Mailing Addre	Mailing Address				IIHO BENI DIDIN BI	411 310 11 010	11 0 1011 01011 1001	
30 RIDGEW/ COCOA FL		30 RIDGE COCOA FI	MAY AVENUE L 32922		R	EINSTATEMI 3. Date Incorporated or Qualified	3a. Date	96-	97	<u>_</u>
2. Principal Plac	o of Business	28. Mailing Ad	draee			07/27/1992 4. FEI Number	0	7/31/19	954 K Applied (1810)	4
21 DYNA	MIC ENTERRIS	Es In26. Dynan	nic Enteri	prises	Inc.	59-3144812		N	lot Applicable	1
Suité, Apt. #, 22 58 E Y	Nemitt Island Cs	Suite, Apt.		sland (л. 5жч	5. Certificate of Status Desired		-	Additional lequired	
City & State 23 Merri H	. 1	City & Stat	6			Election Campaign Financing Trust Fund Contribution			May Be I to Fees	1
Zip 24 32.95	Country 25 U.S.A	Zip 29 2035	30 Co	untry'	, A .	8. This corporation has liability for Florida Statutes Yes	intengible tax			1
	9. Name and Address of Cu	rrent Registered Agen	t	81 Name		10. Name and Address of New F		gent		1
GANOE	, raymond				Address	ss (P.O. Box Namberis not morphali	क्राप्ट	2 य ट		$\frac{1}{2}$
1157 INDIAN RIVER DR. COCOA FL 32922				83	Addites	-10/08	79701			-
COCOA	1 FL 32922			84 City		****7	15.00		15.00 Code	┧
11 Pursuant to	the provisions of Sections 607	0502 and 607 1508 Flor	ida Statutes, the sh		ornorat	ion submits this statement for the ru	FL.			
or registered familiar with	d agent o both, in the State of a part accept the obligations of,	Florida, Such Thange wa So tion 607 7505, Florid	is authorized by the a Statutes.	corporation's	board	ion submits this statement for the pu of directors. I hereby accept the app	ointment as r	egistered .	agent. I am	
SIGNATURE _	Company December of the of construed	The state of the s	1	ed Agent signature			10///	9)		
12.		S AND DIRECTORS	13.		T	ADDITIONS/CHANGES TO OFF				10/01
TITLE NAME	DPST GANOE, RAYMOND	D		THLE NAME		•	L.] Change	☐ Addition	
STREET ADDRESS	1157 INDIAN RIVER DR	i.	1.33	STREET ADDRESS	ļ					DOE024
CITY-ST-ZIP	COCOA FL 32922 VD			CITY-ST-ZIP	ļ] Change	Addition	- S
NAME	GANOE, NOREEN S			NAME			L) Orlange	- Hoomen	
STREET ADDRESS	1157 INDIAN RIVER DR	!.		STREET ADDRESS	ļ					
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NAME				NAME .	05-0	12-97 96223 OH3				
STREET ADDRESS CITY-ST-ZIP	•			STREET ADDRESS CHTY-ST-ZIP		65 \$200.0℃				
14. I do hereby	certify that the information supp	died with this filing is volu	ntarily furnished and	does not qu	alify for	the exemption stated in Section 119	.07(3)(k), Flori	da Statute	as. I further	1
oath; that I	ine information indicated on this am an officer or director of the c Block 12 or Block/13 if changed	corporation or the receive	r or trustee empow	ered to execu	te this r	and that my signature shall have the report as required by Chapter 607, Fl	orida Statuter	nect as if i s; a nd that	my name	
		, or on an analytical vo				alm-	197			
SIGNATI	URE: / CALLER NO VIP	ED OR PRINTED NAME OF SIG	NING OFFICER OR SIRE	or or		Date	Z Z	vlime Phono #		