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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **557634** (3)

1. Corporation Name

SPACE COAST DRIVE TRAINING SCHOOL, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
1767 S.PATRICK DR. INDIAN HARBOUR BEACH FL 32937
1767 S.PATRICK DR. INDIAN HARBOUR BEACH FL 32937

3. Date Incorporated or Qualified **01/13/1978** 3a. Date of Last Report **04/27/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1781786	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	Zip	28	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KAPUSHY, EDWARD J 1222 SEMINOLE DR INDIAN HARBOR BEACH FL FL				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPUSHY, EDWARD J	1.2 NAME	
STREET ADDRESS	1222 SEMINOLE DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN HAR BCH FL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRADE, MARY ELAINE	2.2 NAME	
STREET ADDRESS	1870 MALABAR ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MALABAR FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILGREEN, KATHERINE	3.2 NAME	PILGREEN KATHERINE
STREET ADDRESS	5815 FAWN TRAIL LANE	3.3 STREET ADDRESS	24223 REDDEER
CITY - ST - ZIP	HUMBLE TX	3.4 CITY - ST - ZIP	HUGHMAN TX 77336
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, SUSAN	4.2 NAME	
STREET ADDRESS	4506 MALTBY RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOTHELL WA	4.4 CITY - ST - ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward J. Kapushy* **EDWARD J. KAPUSHY** 4-28-95 (407) 773 4190
SIGNATURE ATYPED OR LIMITED NAME SIGNING OFFICER OR DIRECTOR