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

PROFIT CORPORATION ANNUAL REPORT

1998



R L BECK PD

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 643987

(1)

FILED								
Jan 20	1998	8:00am						
Secre	etary o	of State						

	EST SPACE SYSTEMS, INC						
Principal Plac		Mailing Address	/ DD 415				4.5 4.5() 1.55
668 RIVIERA BAY DR N.E. P.O. BOX 20500 ST. PETERSBURG FL 33742		668 RIVIERA BAY DR N.E. P.O. BOX 20500					
			ST. PETERSBURG FL 33742		DO NOT WRITE IN THIS SPACE		
					 Date Incorporated or Qualified 11/05/1979 		
2. Principal P	lace of Business	2a. Mailing Addre	ess .	<u> </u>	4. FEI Number		Applied For
21		26			59-1945298	. –	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired		75 Additional
City & State		City & State				F6	ee Required
23 City & State	ŧ	28			6, Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has p		
24	25	29	30		Personal Property Tax due Jun	o 30. Yes	ΧŇο
	g. Name and Address of Curren	nt Registered Agent		T-1	10. Name and Address of New R	egistered Agent	
	CK, R.L.			81 Name			
	8 RIVIERA BAY DR N.E.		1	82 Street Add	ress (P.O. Box Number is Not Accepta	ible)	
\$1.	. PETERSBURG FL 33702		-	83			
			ŀ	84 City		FL 85	Zip Code
agent I a SIGNATURE	Signature, typed or profest name of registers age OFFICERS AN	ot ano tilo if applicable		Agent signature requi	poration submits this statement for the tion's board of directors. I hereby account of the tion's board of directors. I hereby account of the tion's board of the tion	DATE	
TITLE	PD	DEL		LE	ADDITIONO/OFFICIALS TO OFF	☐ Cha	
NAME	BECK, R.L.		1.2 NA	ME			
STREET ADDRESS	668 RIVIERA BAY DR NE		1.3 \$10	REE1 ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			Y-S1-7IP			
TITLE	VST BECK, C.M.	☐ DEC	.ETE 2.1 1(1 2.2 NA	- 1		∐ Cha	ange L Addition
STREET ADDRESS	668 RIVIERA BAY DR NE			ree1 address			
CITY-ST-ZIP	ST. PETERSBURG FL			TY-ST-ZIP			
TITLE		□ D€L				Cha	ange Addition
NAME			3.2 NA	ME			
STREET ADDRESS			3 3 ST	REET ADDRESS			
CITY-ST-ZIP		☐ DEL		[Y-ST-ZIP		☐ Cha	ange Addition
TITLE NAMÉ		L 001	ETE 4.1 Til 4. 2 N/			L Una	mge LJ Maardali
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DEL	ETE 5.1 TI1	J.E		Cha	ange 🔲 Addition
NAME			5.2 NA	ME			
STREET ADDRESS				REE1 ADDRESS			
CITY-ST-ZIP		DEL		Y-ST-ZIP			ange Addition
TITLE NAME		D DEC	6.1 TIT 6.2 NA			∐ Cha	INGE LI ADDITION
STREET ADDRESS			- 1	REET ADDRESS			
CITY-ST-ZIP			1	Y-SI-ZIP			
14. I hereby o	certify that the information supplied w	ith this filing does not a	ualify for the exe	mption stated in	Section 119.07(3)(i), Florida Statutos.	I further certify that	at the information
officer or a		siver or trustee empowe	ered to execute the		re shall have the same legal effect as uired by Chapter 607, Florida Statutes		