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

**CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90053 008 \*\*\*150.00

1, Corporation	ON Name  ST SPACE SYSTEMS, INC.			•			
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Principal Pla	ce of Business	Mailing Address		·	—— I HEDIGE BIŞKI ÖLÜDÜR İLKIR TOLDÜ KÜLLI BARL BIRDI	DIAN AND DIAN	JIEN BIBN 1881
•		668 RIVIERA BAY DR N.E.	,				
668 RIVIERA BAY DR N.E. 668 RIVIERA BAY DR N.E. P.O. BOX 20500 P.O. BOX 20500				· ·	•	•	
		ST. PETERSBURG FL 33742			DO NOT WRITE IN TH	S SPACE	.·
	·				3. Date Incorporated or Qualifed 11/05/1979		
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
26		<del></del>	<del></del>		59-1945298		t Applicable
¬		Suite, Apt. #, etc.	iite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75	
22	<del></del>	27				Fee Re	
¬ '		— ·	City & State		6. Election Campaign Financing		May Be .
23 Zin		28 - 7in	Count		Trust Fund Contribution		to Fees
Zip	Country	Zip	Count	гу	8. This corporation owes the current year !		No
24	25 9. Name and Address of Currer		30		Personal Property Tax.  10. Name and Address of New Registere	☐ Yes	NAO
	9. Name and Address of Currer	it Kegistereu Agent	8	1 Name	10, Name and Address of New Registere	Agent	
BEC	CK, R.L.			740,110			
SUN 668 RIVIERA BAY DR.N.E.			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
	PETERSBURG FL 33702		8	3	1 1 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 (CH S16)( 6, 2 ) ;	Gell dieh (86)
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ana in one i	- CO7.050	00 4 007/4500 Et			F1		
office or	registered agent, or both, in the State	of Florida. Such change was at	s the abouthorized b	ve-named cor v the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	ii changing its sintment as re	registerea gistered
St. Fagental a	am familiar with, and accept the obliga	itions of, Section 607 0505, Flor	ida Statute	s.	,		1
SIGNATURE	<u> </u>						
40	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:		ent signature requir	red when reinstating) DATE	ND DIDECTO	CC IN 42
12 TITLE	PD	DELETE	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
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NAME	BECK, C.M.		2.2 NAME	·	•		
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CITY-ST-ZIP 14. I 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 officer section 119.07(3)(ii), 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 of the receiver or trustee empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

727-577-0629