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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725982

1. Corporation Name

PORT CANAVERAL-BREVARD COUNTY SOLILLAGE CLEANUP

605792 - 90015 - 11

Principal Place of Business	Mailing Address
9020 POMPANO ST CAPE CANAVERAL FL 32920	P. O. BOX 25 CAPE CANAVERAL FL 32920 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/03/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7183178 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SIMON, JERRY M.
200 GEORGE KING BLVD.
CAPE CANAVERAL FL 32920

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SIMON, J.M.		1.2 NAME		
STREET ADDRESS	200 GEORGE KING BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PT CANAVERAL, FL 00000		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KOIVU, M.		2.2 NAME		
STREET ADDRESS	605 TOWNSEND RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32926		2.4 CITY-ST-ZIP		
TITLE	CD	☒ DELETE	3.1 TITLE	CD	☒ Change ☐ Addition
NAME	ALDEN, G.		3.2 NAME	JACOBSEN, JOE	
STREET ADDRESS	960 MULLET RD		3.3 STREET ADDRESS	9035 FLOUNDER ST.	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		3.4 CITY-ST-ZIP	CAPE CANAVERAL, FL. 32920	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerry M. Simon SIGNATURE REQUIRED JERRY M. SIMON — 8-11-99 — 407-783-7831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #