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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N03109 (8)

1. Corporation Name
MOONPORT MODELERS, INC.

Principal Place of Business	Mailing Address
1260 SANTA CRUZ TITUSVILLE FL 32780 US	1260 SANTA CRUZ TITUSVILLE FL 32780 US

3. Date Incorporated or Qualified: 05/16/1984

4. FEI Number: 59-3011150 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

DEESER, ROY F.
1260 SANTA CRUZ
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name: BINNS GEORGE
82 Street Address (P.O. Box Number is Not Acceptable): 6625 HAVEN AVE
83
84 City: COCOA FL **FL** 85 Zip Code: 32927

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: GEORGE BINNS George Binns S.D. DATE: 2-14-98
Signature, typed or printed name of registered agent and title of officer. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	DILLER, BOB		1.2 NAME	P RODNEY IWAN RODNEY
STREET ADDRESS	555 COUNTRY CLUB DR		1.3 STREET ADDRESS	8046 WINDOVER WAY
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY-ST-ZIP	TITUSVILLE FL 32780
TITLE	VD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	LAVER, DAVE		2.2 NAME	VD DEESER ROY
STREET ADDRESS	1441 WOODFERN ST		2.3 STREET ADDRESS	1260 SANTA CRUZ
CITY-ST-ZIP	DELTONA FL		2.4 CITY-ST-ZIP	TITUSVILLE FL 32780
TITLE	SD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	DEESER, ROY		3.2 NAME	SD BINNS GEORGE
STREET ADDRESS	1260 SANTA CRUZ		3.3 STREET ADDRESS	6625 HAVEN AVE
CITY-ST-ZIP	TITUSVILLE FL		3.4 CITY-ST-ZIP	COCOA FL 32927
TITLE	TD	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	HECKELMOSER, CHARLES		4.2 NAME	TD MESSINA JOHN
STREET ADDRESS	2730 HICKORY HILL CT		4.3 STREET ADDRESS	BOX 2535
CITY-ST-ZIP	TITUSVILLE FL		4.4 CITY-ST-ZIP	TITUSVILLE FL 32781
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 (10/97)

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.

SIGNATURE: George Binns GEORGE BINNS 1-20-98 407 631 0571