

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 23, 1999 8:00 am
Secretary of State

08-23-1999 90001 023 ****70.00

0001761

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N15116

1. Corporation Name

SPACE COAST REGION OF THE PORSCHE CLUB OF AMERIC A, INC.

Principal Place of Business
 1437 SILVA ST SE
 PALM BAY FL 32909

Mailing Address
 1437 SILVA ST SE
 PALM BAY FL 32909



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/27/1986

4. FEI Number

59-2683714

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

9. Name and Address of Current Registered Agent

RANDOLPH J. WELLS
 1437 SILVA ST SE
 PALM BAY FL 32937

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
 NAME ROWER, JOHN
 STREET ADDRESS 732 EBONY ST.
 CITY-ST-ZIP MELBOURNE FL

TITLE VD
 NAME STOWERS, KIRK E
 STREET ADDRESS 6134 ANCHOR LANE
 CITY-ST-ZIP COCOA FL

TITLE TD
 NAME WELLS, RANDOLPH J
 STREET ADDRESS 1437 SILVA ST SE
 CITY-ST-ZIP PALM BAY FL

TITLE SD
 NAME JOHNSTON, PHYLLIS
 STREET ADDRESS 134 MARTESIA WAY
 CITY-ST-ZIP INDIAN HARBOR FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Change Addition
 1.2 NAME Stowers, Kirk E
 1.3 STREET ADDRESS 6134 Anchor Lane
 1.4 CITY-ST-ZIP COCOA FL

2.1 TITLE VD Change Addition
 2.2 NAME Puchon, John A
 2.3 STREET ADDRESS 2220 Front Street
 2.4 CITY-ST-ZIP Melbourne, FL 32901

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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 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: *Randolph J. Wells* SIGNATURE REQUIRED *Randolph J. Wells TO Aug 17, 1999 (407) 724-2059*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (5/99)