

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000005221 (5)

1. Corporation Name

SATELLITE BEACH COMMUNITY SERVICES, INC.



Principal Place of Business

Mailing Address

2194 HIGHWAY A1A STE 306
INDIAN HARBOR BEACH FL 32937

2194 HIGHWAY A1A STE 306
INDIAN HARBOR BEACH FL 32937

3. Date Incorporated or Qualified

3a. Date of Last Report

11/01/1995

2. Principal Place of Business

2a. Mailing Address

21 510 Cinnamon Drive

26 510 Cinnamon Drive

4. FEI Number

Applied For

59-3352842

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Satellite Beach, Florida

28 Satellite Beach, Florida

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip

25 Country

29 Zip

30 Country

32937

32937

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORTHCUTT, WILLIAM R
2194 HIGHWAY A1A STE 306
INDIAN HARBOR BEACH FL 32937

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DP
Mark Lowe
510 Cinnamon Drive
Satellite Beach, Florida 32937

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DV
William E. Mayer
377 Kingston Road
Satellite Beach, Florida 32937

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
DS
John Fergus
220 Lynn Avenue
Satellite Beach, Florida 32937

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
DT
Paul T. Brimer
220 Lynn Avenue
Satellite Beach, Florida 32937

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
D
Paul A. Creatura
510 Cinnamon Drive
Satellite Beach, Florida 32937

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK F. LOWE 4/22/96 (407) 273-4400
Date: Daytime Phone #

CR2E037 (12/95)