

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

FILED

**Apr 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000096591 (8)

1. Corporation Name
SPACE GROUND SYSTEM SOLUTIONS, INC.



Principal Place of Business
**2263 W NEW HAVEN AVE
SUITE 384
W MALBOURNE FL 32904**

Mailing Address
**2263 W NEW HAVEN AVE
SUITE 384
W MALBOURNE FL 32904-3805**

3. Date Incorporated or Qualified: **11/21/1996**
3a. Date of Last Report

2. Principal Place of Business
21 **1942 S. Dairy Rd**
Suite, Apt. #, etc.

2a. Mailing Address
26 **2263 W New Haven Ave**
Suite, Apt. #, etc.

4. FEI Number: **59-3415560**
Applied For:
Not Applicable:

22 City & State: **W Melbourne FL**

27 **Suite 384**
28 City & State: **W Melbourne FL**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

23 Zip: **32904** Country

29 Zip: **32904** Country

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

9. Name and Address of Current Registered Agent
**LANHAM, THOMAS H
304 EAST STRAWBRIDGE AVE.
MELBOURNE FL 32901**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes

SIGNATURE: _____ (NOTE Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	TORMALA, ROBERT S
STREET ADDRESS	5061 TALLWOOD CIRCLE
CITY - ST - ZIP	WEST MELBOURNE FL 32904
TITLE	D <input type="checkbox"/> DELETE
NAME	CACCIAGLIA, DAVID J
STREET ADDRESS	818 STONE AVE.
CITY - ST - ZIP	WALDORF MD 20602
TITLE	D <input type="checkbox"/> DELETE
NAME	DAVIS, BRIAN
STREET ADDRESS	510 GLENWOOD AVE
CITY - ST - ZIP	SATELLITE BEACH FL 32937
TITLE	D <input type="checkbox"/> DELETE
NAME	FULLER, GARY W
STREET ADDRESS	6003 OLD BRANCH AVE
CITY - ST - ZIP	CAMP SPRINGS MD 20748
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	V/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	T/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	S/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FULLER, GARRY W.
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 address.

SIGNATURE: **SIGNATURE REQUIRED** *President 2/14/97*

CR2E034 (9/96)