


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

FILED

Feb 11 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 # 166295 (6)			
1. Corporation Name THE CANAVERAL CORPORATION			
Principal Place of Business 1 TANKER TURN RD CAPE CANAVERAL FL 32920 US		Mailing Address P O BOX 524 CAPE CANAVERAL FL 32920-0524 US	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/04/1951		3a. Date of Last Report 02/23/1996	
21		26		4. FEI Number 59-0678913		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LULEY, CAROLINE J 1 TANKER TURN RD CAPE CANAVERAL FL 32920				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input type="checkbox"/> DELETE	1.1 TITLE	vice President - V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LULEY, CAROLINE J	1.2 NAME	Lynn Luley
STREET ADDRESS	1 TANKER TURN DR.	1.3 STREET ADDRESS	1 Tanker Turn Dr.
CITY-ST-ZIP	CAPE CANAVERAL FL	1.4 CITY-ST-ZIP	cape canaveral, FL 32920
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LULEY, JOSEPH C	2.2 NAME	Luley, Joseph C
STREET ADDRESS	1 TANKER TURN DRIVE	2.3 STREET ADDRESS	1 Tanker Turn Dr.
CITY-ST-ZIP	CAPE CANAVERAL FL	2.4 CITY-ST-ZIP	cape canaveral, FL 32920
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LULEY, AMY J	3.2 NAME	
STREET ADDRESS	1 TANKER TURN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	3.4 CITY-ST-ZIP	
TITLE	BOD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGALSS, SHARON LULEY	4.2 NAME	
STREET ADDRESS	1 TANKER TURN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	4.4 CITY-ST-ZIP	
TITLE	BOD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRDSALL, JILLIAN DOUGLA	5.2 NAME	
STREET ADDRESS	1 TANKER TURN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	5.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LULEY, CYRUS	6.2 NAME	
STREET ADDRESS	1 TANKER TURN RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	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: *Carolyn J. Luley* 2-7-97 407-783-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)