

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 309072 (7)  
1. Corporation Name  
121 CORPORATION



Principal Place of Business Mailing Address  
P.O. BOX 262 P.O. BOX 262  
COCOA FL 32922 COCOA FL 32922

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

3. Date Incorporated or Qualified 3a. Date of Last Report  
09/14/1966 04/25/1995  
4. FEI Number 59-1220558 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

KIRBY, WES  
330 MONROE AVE.  
CAPE CANAVERAL FL 32920

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

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           | PV                | DELETE |
| NAME            | KIRBY, WES        |        |
| STREET ADDRESS  | 1430 DIXON BLVD   |        |
| CITY - ST - ZIP | COCOA FL          |        |
| TITLE           | ST                | DELETE |
| NAME            | KIRBY, WES        |        |
| STREET ADDRESS  | 1430 DIXON BLVD   |        |
| CITY - ST - ZIP | COCOA FL          |        |
| TITLE           | D                 | DELETE |
| NAME            | KIRBY, MARTHA NAN |        |
| STREET ADDRESS  | 1430 DIXON BLVD   |        |
| CITY - ST - ZIP | COCOA FL          |        |
| TITLE           |                   | DELETE |
| NAME            |                   |        |
| STREET ADDRESS  |                   |        |
| CITY - ST - ZIP |                   |        |
| TITLE           |                   | DELETE |
| NAME            |                   |        |
| STREET ADDRESS  |                   |        |
| CITY - ST - ZIP |                   |        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |        |          |
|--------------------|--------|----------|
| 11 TITLE           | Change | Addition |
| 12 NAME            |        |          |
| 13 STREET ADDRESS  |        |          |
| 14 CITY - ST - ZIP |        |          |
| 21 TITLE           | Change | Addition |
| 22 NAME            |        |          |
| 23 STREET ADDRESS  |        |          |
| 24 CITY - ST - ZIP |        |          |
| 31 TITLE           | Change | Addition |
| 32 NAME            |        |          |
| 33 STREET ADDRESS  |        |          |
| 34 CITY - ST - ZIP |        |          |
| 41 TITLE           | Change | Addition |
| 42 NAME            |        |          |
| 43 STREET ADDRESS  |        |          |
| 44 CITY - ST - ZIP |        |          |
| 51 TITLE           | Change | Addition |
| 52 NAME            |        |          |
| 53 STREET ADDRESS  |        |          |
| 54 CITY - ST - ZIP |        |          |
| 61 TITLE           | Change | Addition |
| 62 NAME            |        |          |
| 63 STREET ADDRESS  |        |          |
| 64 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

*Wes Kirby*

6/21/96

(407) 784-3788

Daytime Phone

CR2E034 (3/96)