
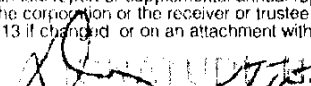


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 329278 (6)</b> 1. Corporation Name <b>THE FIRES CREEK DEVELOPMENT CORPORATION</b>			
Principal Place of Business <b>8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920</b>		Mailing Address <b>8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920-3428</b>	
2. Principal Place of Business 21		2a. Mailing Address 26	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip		29 Zip	
25 Country		30 Country	
9. Name and Address of Current Registered Agent <b>STARLING, JOHN M. 509 PALM AVENUE TITUSVILLE FL 32781-0660</b>		10. Name and Address of New Registered Agent 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 _____ DATE _____ (NOTE: Registered Agent signature required when resigning)			
12. OFFICERS AND DIRECTORS			
TITLE	DALE HOLZEN	DELETE	
NAME	8680 N ATLANTIC AVE		
STREET ADDRESS	CAPE CANAVERAL FL		
CITY- ST- ZIP			
TITLE	PATRICK F. DUGAN	DELETE	
NAME	8680 N. ATLANTIC AVE		
STREET ADDRESS	CAPE CANAVERAL FL		
CITY- ST- ZIP			
TITLE		DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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			
1.1 TITLE		Change Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY- ST- ZIP			
2.1 TITLE		Change Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP			
3.1 TITLE	D	Change Addition	
3.2 NAME	GARNER, LEE		
3.3 STREET ADDRESS	8680 N. ATLANTIC AVENUE		
3.4 CITY- ST- ZIP	CAPE CANAVERAL, FL 32920		
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 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:  Dale E. Holzen, Dir. 4-4-97 (407) 783-1320			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CF2E034 (9/96)