

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 622225

1. Corpora ior NEBULA							
Principal Place of Business Mailing Addres			SS .		((allie line (let the state (let the state)		1011 41411 1041
1462 N HWY A-1-A SATELLITE ECH. FL 32937		600 Hawks Bill Isle Dr Satellite BCH. Fl 32937 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/18/1979			
2 Principal Pl	ace of Business	2a. Mailing Address	-		4. FEI Number	Ap	p ied For
21	acc of Eddiness	26			59-2214108	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27			5. Certificate of Status Desired	Fee Re	quired
City & S ate		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip Country		Zip Country		ntry	8. This corporation owes the current year I		
24	25	29	30		Personal Property Tax.		[]No
	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New Registere:	Agent	
SATI	HAWKSBILL ISLAND ORIVE ELLITE BCH. FL 32937 to the provisions of Sections 607.050 egistered agent, or both, in the State of familiar with and accept the obligations.)2 and 607.1508, Florida Statu e of Florida. Such change was สม atigns of, Section 607.0505, Fk-ri	- 41	84 City ove-named coby the corporates.	p poration submits this statement for the purpose ation's board of cirectors. I hereby accept the app	Millioni as rej	ovaistered
SIGNATURE	Lauri Al	server Dres.			4-22-	<u>5 </u>	
	Signature, typed or printed nar te of registered age		Registered /	Agent signature req	ADDITICNS/CHANGES TO OFFICERS /	ND DIRECTO)ES IN 12
12.	DIFFICERS AN	NE DRECTORS	1,1 TIT	ıF.	PT V S	☐ Change	Addition
TITLE	APUZZO, LOUIS J.	C Deceir	1 2 NA		1172		7 .
NAME	600 HAWKSBILL ISLAND DR		13 STREET ADDRESS				
STREET ADDRESS	SATELLITE BEACH FL		14 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	PTVS	DELETE	2.1 TITLE			☐ Change	Addition
NAME	PALM, CHARLES J.		2.2 NAME				
STREET ADDRESS	215 KINGSWAY	r	2.3 STREET ADDRESS				
CITY-ST-ZIP	SATELLITE BEACH FL		2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STI	REET ADDRESS)
CITY-ST-ZIP			3.4. CI	TY-ST-ZIP			
TITLE		☐ DELETE	4.1 TIT	LE		☐ Change	☐ Addition
NAME			4 2 NA	ME .			

I 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 ε nnual 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 εxecute 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, with a lother like empowered.

4 3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITI F

NAME

TITLE

NAME

DELETE

☐ DELETE

☐ Change

Change

☐ Addition

Addition

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90178 021 ***150.00