SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORP**GRATION ANNUAL REPORT



FLORIDA DEPARTMENT, OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 709986

1. Corporation Name The Management of the Corporation Name The Corporation

FILED

98 AUG 20 CAM 11: 40

SECRETARY OF STATE

| 1   | •   |             | pric.                                 | 1                                       |                         | )                 |  |
|---|---|-------------|---------------------------------------|---|-------------------------|-------------------|--|
| Principal Place of Business Malling Address   |   |             |                                       |   |                         | /                 |  |
| KENNEDY SPACE CENTER KENNEDY SPACE CENTER   |   |             |                                       |   |                         |                   | 2. Data lease scaled as Our life of  |
| P.O. BOX 21105 P.O. BOX 21105   |   |             |                                       |   |                         |                   | 3. Date Incorporated or Qualified 11/29/1965   |
| KENNEDY SPACE CENTER FL 32815 KENNEDY SPACE CENTER  |   |             |                                       |   | FL 32815                |                   | 4. FEI Number Applied For  |
|   |   |             |                                       |   |                         |                   | <b>59-6196150</b> Not Applicable   |
| 2. Princij<br> 21   | 2. Principal Place of Business 2a. Mailing Address 2b         |             |                                       |   |                         |                   | 5. Certificate of Status Desired \$8.75 Additional   |
| Sulte, Apt. #, etc. Sulte, Apt. #, etc,   |   |             |                                       |   | <del></del>             |                   | 6. Election Campaign Financing \$5.00 May Be   |
| 22  | 27  |             |                                       |   |                         |                   | Trust Fund Contribution Added to Fees  |
|   | City & State City & State                                     |             |                                       |   |                         |                   | 7. Is this nonprofit corporation a homeowners association?   |
| Zip   | Zip Country Zip   |             |                                       |   | Country                 | 4                 | Yes No   |
| 24  | 25 Zip  |             |                                       | -                                       | o Country               | •                 | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No |
| 9. Name and Address of Current Registered Agent   |   |             |                                       |   |                         |                   | 10. Name and Address of New Registered Agent   |
|   |   |             |                                       |   |                         | Name              |  |
| SOLID, LEE  |   |             |                                       |   | 82                      | Street            | Chris Keller It Address (P.O. Box Number Is Not Acceptable)  |
| 765 RIVER OAKS DR.  |   |             |                                       |   |                         |                   | 555 Filmore Ave. #205  |
| MERR  | itt isl <b>an</b> d fl  | 32953       |                                       |   | 83                      |                   |  |
|   |   |             |                                       |   | 84                      | City              | B5 Zip Code  |
| 11 Pursuant to the provisions of sections 617 0502 and 617 1508 Eladda Statutos than  |   |             |                                       |   |                         | omed se           | Cape Canaveral   32920   |
| 11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. |   |             |                                       |   |                         |                   |  |
| 1 + (1 + 1 + 1) + (1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +  |   |             |                                       |   |                         |                   |  |
|   |   |             |                                       |   |                         | gent signatu      | ture required when reinelating) DATE   |
| 12.   |   | OFFICERS    | AND DIRECTORS                         |   | 13.                     |                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE<br>NAME   | TD<br>SIMS, VIC   | VI          |                                       | DELETE                                  | 1.1 TITLE               |                   | President Change X Addition  |
| 1 -   | STREET ADDRESS 64 BOGART PLACE                                |             |                                       |   | 1.2 NAME                | F ADDRESS         | Chris Keller<br>   |
| CITY-ST-ZIP   |   | ISLAND FL   |                                       |   | 1.4 CITY-S              |                   | Cape Canaveral, FL 32920   |
| TITLE   | D   | 100 110 1 0 |                                       | DELETE                                  | 2.1 TITLE               | 1-24              | Vice President Change X Addition   |
| NAME  | HEINK, BI   | UL .        | L                                     | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 2.2 NAME                |                   | Mary E. Walsh  |
| STREET ADD  |   | QUANA DR.   |                                       |   | 2.3 STREET              | ADDRESS           | 4291 Ponds Drive   |
| CITY-ST-ZIP   | ·   | ISLAND FL   | · · · · · · · · · · · · · · · · · · · |   | 2.4 CITY-S              | T-ZIP             | Cocoa, FL 32927  |
| TITLE   | P P   | 20 L LD     |                                       | DELETE                                  | 3.1 TITLE               |                   | Treasurer Change X Addition  |
| NAME  | KOON, Ph  | MONT DRIVE  |                                       |   | 3.2 NAME                |                   | Jeff Barbour<br>s 2564 Demaret Drive   |
| 1 1   | STREET ADDRESS 13905 LAMONT DRIVE CITY-ST-28 ORLANDO FL 32832 |             |                                       |   | <b>a</b> .              |                   | Titusville, FL 32927   |
| TITLE   | TD  | 1 0 0000    |                                       | DELETE                                  | 4.1 TITLE               | 1-211             | Secretary Change X Addition  |
| NAME  | HEATH, S  | HAUN        | 1                                     | DECEN                                   | 4.2 NAME                |                   | Sandra Bailey  |
| STREET ADDRESS 1770 WINDOVER OAKS CIRCLE  |   |             |                                       |   | 1.3 STREET ADDRESS 12.0 |                   | Sandra Bailey<br>1252 E. Hayes Ave. 252 E. Hayes Ave.<br>2000 a Beach, FL<br>32931-4028                    |
| CITY-ST-ZIP TITUSVILLE FL 32780   |   |             |                                       |   | 4.4 CITY-ST             | -ZIP              | /32931-4028"   |
| TITLE   | SD  | CAINICT: I  |                                       | DELETE                                  | 6.1 TITLE               |                   | Change Addition  |
| NAME  | MAYER, K  |             |                                       |   | 5.2 NAME                |                   | 5000026243654  |
| STREET ADDRESS 2980 KELLEY STREET CITY-ST-ZIP TITUSVILLE FL 32780   |   |             |                                       |   |                         | -08/25/9801022028 |  |
| TITLE   | PP  | LILUEIUU    |                                       | DELETE                                  | 6.1 TITLE               | 1-21P             | *************************************  |
| NAME  | SERAPHIN  | IE. ALAN    |                                       | DELETE                                  | 6.2 NAME                |                   | Change   |
|   | RESS 1728 FIG   |             |                                       |   | 6.3 STREET              | ADDRESS           | s  / \ <i>I</i> K  |
| CITY-ST-ZIP TITUSVILLE FL 32780   |   |             |                                       |   | 6.4 CITY-ST             | r-zip             | (7)  |
| 14. I hereby certify that the information supplied with this filing does not qualify for the  |   |             |                                       |   |                         | stated in         | In section 119.07(3)(i). Fiorida 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 hame appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

C.J. KELLER

407-867-4062