


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **715187** (1)

1. Corporation Name

SPACE COAST ASSOCIATION OF REALTORS, INC.

Principal Place of Business

Mailing Address

**105 MCLEOD STREET
MERRITT ISLAND FL 32953-3465**

**105 MCLEOD STREET
MERRITT ISLAND FL 32953-3465**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/28/1968		3a. Date of Last Report 04/19/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 23-1250368		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SPIELVOGEL, LEONARD 101 S COURTNEY PKWY MERRITT ISLAND FL 32952				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 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARBER, DANIEL J.			1.2 NAME			
STREET ADDRESS	255 MERRITT ISLAND CAUSEWAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAIGNAULT, JOHN			2.2 NAME			
STREET ADDRESS	315 N COURTENAY PKWY			2.3 STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL			2.4 CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BASILE, DENNIS			3.2 NAME	JoAnn Davis		
STREET ADDRESS	7370 CABOT COURT #101			3.3 STREET ADDRESS	1980 N. Atlantic Ave. #301		
CITY-ST-ZIP	MELBOURNE FL			3.4 CITY-ST-ZIP	Cocoa Beach, FL 32931		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEWIS, GEORGE			4.2 NAME	T D Lolmaugh		
STREET ADDRESS	3500 N OATLANTIC AVE			4.3 STREET ADDRESS	305 Brevard Ave.		
CITY-ST-ZIP	COCOA BCH FL			4.4 CITY-ST-ZIP	Cocoa, FL 32922		
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELEBASH, ALBERT			5.2 NAME			
STREET ADDRESS	200 WILLARD ST SUITE 2B			5.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SELIG, LEAH M.			6.2 NAME			
STREET ADDRESS	105 MCLEOD CT			6.3 STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND 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 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

5/15/97

Date

Daytime Phone # 0020141

CR2E037 (9/96)