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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

FILED

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SECRETARY OF STATE

SPACE COAST STREET RODS, INC.					SECRETARIS	SEE, FLORID		
Principal Plac	e of Business	Mailing Add	dress		<u>.</u>]	AR OLDIA BIBAL DIBIL BEBEL D	IBUT BIBET 1861
P.O. BOX 560101 P.O. BOX 560101 ROCKLEDGE FL 32956						Date Incorporated or Qualified 06/30/1982 FEI Number	I A	pplied For
	· · · · · · · · · · · · · · · · · · ·					59-2465196		ot Applicable
21	lace of Business	26				5. Certificate of Status Desired	S8.75	Additional lequired
Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc.					Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
City & State		City & State				7. Is this nonprofit corporation a hor		
23	28					☐ Yes ☐ No		
Zip	Country	Zip		Country		8. This corporation owes or has paid		
24	25 9. Name and Address of Curre	29		30		Personal Property Tax due June : 10. Name and Address of New Reg		No
	y, Name and Address of Curre	ur negistered Ağ	ent.	81	Name 1	10. Name and Address of New Reg	Jistered Agent	
FUTURE PLANNING, INC. 840 BREVARD AVE, SUITE B ROCKLEDGE FL 32955				82 83 84	Joseph Street Addres 130 1 11 11	Leigh Face Jr ss (P.O.Box Number is Not Acceptable unting Ton 177.	FL 85 Zip	275 5
11. Pursuant to the provisions of Soctions 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, amiliamiliar with, and accept the oblinations of, Soction 617.0503, Florida Statutes. SIGNATURE AND THE State of Florida Statutes. SIGNATURE AND THE State of Florida State of Grant State of State of Florida State of Grant State of Grant State of Florida State of Grant State of Grant State of Florida State of Grant State of Grant State of Florida State of Grant State of Grant State of Florida State of Grant State of Florida State of Grant								
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	VPDS	×γ	DELETE	1.1 TITLE	VF	20	★ Change	Addition
NAME	GALLO, MIKE			1.2 NAME		ICHARD PICKEL JR.		
STREET ADDRESS	1372 ETHEL CIRCLE NE			1.3 STREET A	- 1 /	712 FENWAY CIRCLE		
CITY-ST-ZIP TITLE	PALM BAY FL 32905 PD		DELETE	1.4 CITY-ST 2.1 TITLE		O <mark>CKLEDGE, FL 3295</mark>	Change	Addition
NAME	SAMMON, DENNIS	XY	A DECENE	2.2 NAME	PC		X onlinge	
STREET ADDRESS	4066 HEILD RD NW			2.3 STREET A	ול מחחוי	DSEPH PAGE		
CITY-ST-ZIP	PALM BAY FL 32907			2. 4 City-St	13	307 HUNTINGTON LAI OCKLEOGE FL 32955	NE	
TITLE	TD	<u> </u>	DELETE	3.1 TITLE	TO	UUNLEUGE FL 36935	Change	Addition
NAME	PARIZEK, KENNETH	^/	`	32 NAME	VE	LMA FOXWORTH	••	
STREET ADDRESS	59 KATHERINE BLVD			3.3 STREET A	ADDRESS 26	47 PACER LANE		
CITY-ST-ZIP	W. MELBOURNE FL 32904			3.4. CITY-ST	r-21P CO I	COA FL 32926		
TITLE	SD		DELETE	4.1 TrTLE			☐ Change	Addition
NAME	PERRY, PAT			4. 2 NAME				
STREET ADDRESS	2260 WINSTON			4.3 STREET A	address			
CITY-ST-ZIP	COCOA FL			4.4 CITY - ST	- ZIP			
TITLE		ī	DELETE	5.1 TITLE			Change	☐ Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET A	ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST	- ZIP			
TITLE		L	DELETE	G.1 TITLE			☐ Change	☐ Addition
NAME				6.2 NAME		h and		į
STREET ADDRESS				6.3 STREET A		M. William		
CITY-ST-ZIP	actific that the information cumpling a	uit tuis films doos	not quality for	6.4 CITY-ST	- ZIP	20122 110 07/2/2 512 512 122 14		

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information in this annual roport or supplemental annual roport 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 roceiver or trusted 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: VELINA FAXINAL