

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 835949 (9)

1. Corporation Name

UNITED SPACE BOOSTERS, INC.



Principal Place of Business

**188 SPARKMAN DRIVE/ATTN: R L COOPER
P O BOX 1900
HUNTSVILLE AL 35807**

Mailing Address

**R.L.COOPER
P.O. BOX 21212
KENNEDY SPACE CENTER FL 32815
US**

3. Date Incorporated or Qualified

03/17/1976

3a. Date of Last Report

02/03/1995

4. FEI Number

06-0938643

Applied For

Not Applicable

2. Principal Place of Business

21 R. L. Cooper

Suite, Apt. #, etc.

22 P.O. Box 21212

City & State

23 Kennedy Space Center, FL

Zip

24 32815

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 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

Signature of person filing this statement must be signed by a notary public.

NOTE: Registered Agent's name and address required when registering.

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

**P
ZIMONIS, JOSEPH P.
140 HERITAGE LANE
MADISON AL**

2. TITLE ☒ DELETE

**TVPD
ACKERMAN, STEVE G.
1111 DEBORAH DRIVE
HUNTSVILLE AL**

3. TITLE ☐ DELETE

**D
WARE, DAVID K
190 OCEAN KEY WAY
JUPITER FL**

4. TITLE ☐ DELETE

**S
COOPER, ROCHELLE L
921 SOUTH 4TH STREET
COCOA BEACH FL**

5. TITLE ☐ DELETE

**AS
BLANKS, HAROLD P
7804 HORSESHOE TRAIL
HUNTSVILLE AL 35802**

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**1. TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
427 EAGLETON COVE WAY
PALM BEACH GARDENS, FL**

2. TITLE ☐ Change ☒ Addition

**TVPD
DEMERS, JEAN O.
3770 OAK HILL DRIVE
TITUSVILLE, FL**

3. TITLE ☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4. TITLE

4.1 NAME

4.2 STREET ADDRESS

4.3 CITY-STATE-ZIP

5. TITLE

5.1 NAME

5.2 STREET ADDRESS

5.3 CITY-STATE-ZIP

6. TITLE

6.1 NAME

6.2 STREET ADDRESS

6.3 CITY-STATE-ZIP

6.4 CITY-STATE-ZIP

200001727262

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*****100.00**

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Rochelle L. Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rochelle L. Cooper 2/12/96 407-867-7903

DATE

152-28-96