

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 14 1997 8:00am  
Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 835949 (9)**  
1. Corporation Name  
**UNITED SPACE BOOSTERS, INC.**



Principal Place of Business  
**R.L. COOPER  
P O BOX 21212  
KENNEDY SPACE CENTER FL 32815**

Mailing Address  
**R.L. COOPER  
P O BOX 21212  
KENNEDY SPACE CENTER FL 32815-0212**

3. Date Incorporated or Qualified  
**03/17/1976**

3a. Date of Last Report  
**02/28/1996**

4. FEI Number  
**06-0938643**

Applied For  
☐ Not Applicable

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

2. Principal Place of Business  
**21** Suite, Apt. #, etc  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**26** Suite, Apt. #, etc  
**27** City & State  
**28** Zip  
**29** Country

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ZIMONIS, JOSEPH P.</b>		1.2 NAME	
STREET ADDRESS <b>427 EAGLETON COVE WAY</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BEACH GARDENS FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>TVPD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>V/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DEMERS, JEAN O</b>		2.2 NAME	
STREET ADDRESS <b>3770 OAK HILL DRIVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>TITUSVILLE FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WARE, DAVID K</b>		3.2 NAME	
STREET ADDRESS <b>190 OCEAN KEY WAY</b>		3.3 STREET ADDRESS <b>21 BERMUDA LAKE DRIVE</b>	
CITY-ST-ZIP <b>JUPITER FL</b>		3.4 CITY-ST-ZIP <b>PALM BEACH GARDENS, FL 33418</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COOPER, ROCHELLE L</b>		4.2 NAME	
STREET ADDRESS <b>921 SOUTH 4TH STREET</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>COCOA BEACH FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>AS</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BLANKS, HAROLD P</b>		5.2 NAME <b>DORNING, CLAUDE W.</b>	
STREET ADDRESS <b>7804 HORSESHOE TRAIL</b>		5.3 STREET ADDRESS <b>35 SUNFLOWER ST. UNIT 61</b>	
CITY-ST-ZIP <b>HUNTSVILLE AL 35802</b>		5.4 CITY-ST-ZIP <b>COCOA BEACH, FL 32931</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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* **Rochelle L. Cooper, Secretary 4/97 (407) 867-7903**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)