

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F16871 (8)

1. Corporation Name
COSMIC RESEARCH, INC.

Principal Place of Business
300 VERSAILLES AR
APT D
MELBOURNE BEACH FL 32951

Mailing Address
300 VERSAILLES AR
APT D
MELBOURNE BEACH FL 32951-3436



2. Principal Place of Business

21 776 CAVALIER DR
Suite, Apt. #, etc.

22 APT A
City & State

23 INDIALANTIC FLA
Zip Country

24 32903

25 BREVARD

2a. Mailing Address

26 776 CAVALIER DR
Suite, Apt. #, etc.

27 APT A
City & State

28 INDIALANTIC FLA
Zip Country

29 32903

30 BREVARD

3. Date Incorporated or Qualified
01/30/1981

3a. Date of Last Report
05/01/1996

4. FEI Number
NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

PREWITT, MARLENE J.
300 VERSAILLES AR
APT D
MELBOURNE BEACH FL 32951

10. Name and Address of New Registered Agent

81 Name PREWITT MARLENE J
82 Street Address (P.O. Box Number is Not Acceptable)
776 CAVALIER DR
83 APT A
84 City INDIALANTIC FLA FL 85 Zip Code 32903

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: *Marlene J. Prewitt*

(Signature required for person named as registered agent and title, if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

APR 4/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PREWITT, MARLENE J	
STREET ADDRESS	300 VERSAILLES AR	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PREWITT MARLENE J	
1.3 STREET ADDRESS	776 CAVALIER DR APT A	
1.4 CITY-ST-ZIP	INDIALANTIC FLA 32903	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Marlene J. Prewitt*
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

APR 4/97 (407) 779 0068
Date Daytime Phone #

CR2E034 (9/96)