


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

FILED

May 13 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # H19445 (6)</b>					
<b>1. Corporation Name</b> <b>SHARE OUR SPACE, INC.</b>					
<b>Principal Place of Business</b> C/O BRUCE A. MITCHELL, ESQ. 105 WINDWARD WAY INDIAN HARBOUR BEACH FL 32937			<b>Mailing Address</b> C/O HERBERT S. ROGERS 105 WINDWARD WAY INDIAN HARBOUR BEACH FL 32937-5311 US		
<b>2. Principal Place of Business</b> 21 State, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> 08/30/1984	
				<b>3a. Date of Last Report</b> 06/12/1996	
				<b>4. FEI Number</b> 59-2447832	
				Applied For Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> MITCHELL, BRUCE A. 1825 S. RIVERVIEW DR MELBOURNE FL 32901			<b>10. Name and Address of New Registered Agent</b> 81 Name <b>Victor S. Kostro</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1825 S. Riverview Drive</b> 83 84 City <b>Melbourne</b> <b>FL</b> 85 Zip Code <b>32901</b>		
<b>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.</b> SIGNATURE <i>Victor S. Kostro</i> DATE <b>04-29-97</b>					
<b>12. OFFICERS AND DIRECTORS</b>					
TITLE <input type="checkbox"/> DELETE NAME <b>PD ROGERS, HERBERT S.</b> STREET ADDRESS <b>105 WINDWARD WAY</b> CITY-ST-ZIP <b>INDIAN HARBOUR BCH FL</b>					
TITLE <input type="checkbox"/> DELETE NAME <b>STD FRANCE, KATHY J.</b> STREET ADDRESS <b>4010 N.BRANDYWINE, #1118</b> CITY-ST-ZIP <b>PEORIA IL</b>					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>STD Keller, Kathy J.</b> 2.3 STREET ADDRESS <b>126 Fenestra Lane</b> 2.4 CITY-ST-ZIP <b>East Peoria, IL 61611</b>					
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					
<b>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.</b>					
<b>SIGNATURE:</b> <i>Victor S. Kostro</i> <b>4-25-97</b> <b>407-267-1719</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)