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

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

DOCUM 1. Corporation I	Name	664 (2)			
IN-10-	-SPACE, INC.				
Principal Piace o	of Business	Mailing Address			II BEBIK BESIK DIQIN BEBIK BEBIK IBBI
% CAROL SCHIFF 290 S.W. 12TH AVESTE.#5 POMPANO BCH. FL 33069		% CAROL SCHIFF 290 S.W. 12TH AVE POMPANO BCH. FL			
				11/13/1984	ote of Last Report 01/26/1995
2. Principal Plac 21	ce of Business	2a. Mailing Address		4. FEI Number 59-2526365	Applied For Not Applicable
Stilte, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stafe		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible	
24	25 9. Name and Address of Curre	29 29 Agent	30	Florida Statutes Yes No 10. Name and Address of New Registerer	d Agant
	5. Humo Bild Address of Confe	in registered Agent	B1 Name	IV. Hame and Address of New Registers	o wdeut
	F, CAROL		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	OCEAN BLVD JDERDALE FL 33308		B3		
			84 City		85 Zip Code
	10 20 000	20 1007 1000 51 11 0	,	F	
or registered	d agent, or both, in the State of Flo n, and accept the obligations of, Sec	rioa. Such change was authoriz	ed by the corporation's boai	ration submits this statement for the purpose of c ird of directors. I hereby accept the appointment a	ranging his registered onice as registered agent. I am
	Gruce Co. All Or printed rame of registered age	rot and title it applicable (NO ND DIRECTORS	OTE Flogistered Agent signature require 13.		ID DIDECATORS III 10
III.F	PST	DELETE	1 I TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	SCHIFF, CAROL	-	1.2 NAME		
STREET ACORESS	4900 N. OCEAN BLVD		1.3 STREET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		
III.f	SCHIFF, CAROL	☐ DELETE	2 1 TITLE		Change Addition
NAME STEEL LAUDRESS	4900 N OCEAN BLVD		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		24 CITY-ST-ZIP		
Tille		DELETE	3 1 TITLE		☐ Change ☐ Addition
N2M(3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY ST ZIP			3 4 CITY - ST - ZIP		
Till.F		DELETE	4. 1 TITLE		Change Addition
NAME STREET ATTURNES			4 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
THEF		DELETE	4.4 CITY - ST - ZIP 5. 1 TITLE		Change Addition
NAMC			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-SE ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAM!			6 2 NAME		
SUBERT ADDRESS			6 3 STREET ADDRESS		
14. Udo hereby	certify that the information supplies	with this films is valuntarily fire	6.4 City-St-ZiP	for the exemption stated in Section 119.07(3)(k), F	lorida Statutos I further
centry that t	the information indicated on this an	nual réport or supplemental ann	hual report is true and accura	ate and that my signature shall have the same leg is report as required by Chapter 607, Florida Stat	al effect as if made under

GNING OFFICER OR DIRECTOR