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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANN	UAL REP 1996	ORT			•	ary of Sta CORPOR	ite	ONS	-		
DOCUMENT # H51273					(1)						
SPAC	E COAST	PRC	Perties #2,	INC.							
Principal Plac		•		М	ailing Address				* ************************************	AN 1121 GIBAR BEDDI ÖDÖR! I	LEDIT BIEJE ÖTÖLE 1881
P O BOX S		ł			4865 LAKE ONTARIO I P O BOX 567 SHARPES FL 32959	DR					
US					US				3. Date Incorporated or Qualified	3a. Date of Last	
2. Principal P	lace of Busine	 SSS		2a.	Mailing Address				04/08/1985 4. FEI Number	02/07/	
21				26					59-2528965		Applied For Not Applicable
Suite, Apt.	#, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.7	5 Additional
City & Stat	е			ļ	City & State				6. Election Campaign Financing	\$5	e Required OO May Be
Zip		Cc	untry	28	Zip	T Co.	intry		Trust Fund Contribution	Add	led to Fees
24		25		29	•	30	n ia y		8. This corporation has liability for Florida Statutes	intangible tax under No	s 199.032,
<u> </u>	9. Name	and A	ddress of Current	Regis	tered Agent		I		10. Name and Address of New R		
DADAIC	יי ארווע ה						81	Narne			
	is, kelly r Ake ontaf		π =				82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	A FL 32926	ייט איי	· L				83				
							84	City			Zip Code
11. Pursuant i or register	to the provisioned agent, or t	ons of S both, in	ections 607.0502 ar	id 607 Such	7.1508, Florida Statutes	s, the abo	ve·n	amed corpor	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing its	registered office
	th, and accep	t the o	oligations of, Section	607.0	onange was aumonze: 0505, Florida Statutes.	o by the C	orpc	oration's boa	rd of directors. I hereby accept the appo	intment as registere	ed agent. I am
SIGNATURE	Signature, tyried o	r printed r	an e of registered agent and	hiiz da	rado Ma						
12.			OFFICERS AND D			Higstered	Agent	Signature require	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	000 11140
TITLE	PSD				DELETE	1.13)	î cE		1.05.110.101.111.102.0 10.0111	Change	
NAME	BARNES					1 2 NA	ME				
STREET ADDRESS CITY-ST-ZIP	COCOA		EAKERS DR #208	5		1.3 \$1	REET A	ADDRESS			Addition
TITLE	VD				M DELETE	1.4 CI		- ZIP			
NAME	BARNES	S. NILI	E E .		Papercie	2 1 TI 2 2 NA				☐ Change	Addition C
STREET ADDRESS	4850 LA	KE M	ICHIGAN AVE					LODRESS			İ
CITY-ST-ZIP	COCOA	FL				2.4 CI1					
TITLE	TD		.c. #		DELFTE	3 11				☐ Criange	Addition
NAME STORET ADDOCCO	BARNES), IKET	ne e. Chigan ave			3 2 NA	ME				
STREET ADDRESS CITY-ST-ZIP	COCOA	FI	CHIGAN AVE					ADDRESS			į
TITLE	000011				[] DELETE	3.4 CrT 4. 1 Trl		ZiP			
NAME						4.1 111 4.2 NAS				☐ Change	☐ Addition
STREET ADDRESS						4		DDRESS			ľ
CITY-ST-ZIP						4.4 CIT					
TITLE					DELFTE	5 1 1:1				Change	Addition
NAME CTREET ADDRESS						5 2 NA	ΛE				_
STREET ADDRESS						5.3 STR	EFT A	DDRESS			
CITY-ST-ZIP TITLE					DELETE	5.4 CH		ZIP			
NAME					C) been	6 1 TiT				Change	Addition
STREET ADDRESS						6.2 NAN 6.3 STR		AUBECC			
CITY-ST-ZIP						e a curv	/ CT	710			1
14. I do hereby	certify that th	e infor	nation supplied with	this fil	ing is voluntarily furnish	ed and d	nes r	ont qualify fo	r the exemption stated in Section 110.0	2/01/03 Ft 13 Oc.	

certify that the information included on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on my attachment with an address.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-635-8007 Daytine Ptone 1