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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H71052**

1. Corporation Name
SPACECOAST DIVERSIFIED, INC.



Principal Place of Business 2137 N COURTENAY PKWY PO BOX 827 MERRITT ISLAND FL 32953-4245	Mailing Address 2137 N COURTENAY PKWY PO BOX 827 MERRITT ISLAND FL 32953-4245
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 508 S. PLUMOSA AVE		2a. Mailing Address 26 508 S. PLUMOSA AVE		3. Date Incorporated or Qualified 08/12/1985	
Suite, Apt. #, etc. 22 P.O. BOX 827		Suite, Apt. #, etc. 27 P.O. BOX 827		4. FEI Number 59-2638665	
City & State 23 MERRITT ISLAND		City & State 28 MERRITT ISLAND		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32954		Country 25 BREVARD		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 32954		Country 30 BREVARD		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ELDRIDGE, PETER A.
1920 HARBOR POINT DR
MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent

81 Name PETER A. ELDRIDGE
82 Street Address (P.O. Box Number is Not Acceptable) 610 SUNSET LANE
83
84 City MERRITT ISLAND
85 Zip Code FL 32952

11. Pursuant to the provisions of Sections 607.0505 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PST	ELDRIDGE, PETER	1920 HARBOR POINT DR				
		MERRITT ISLAND FL	610 SUNSET LANE				
			Merritt Island FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 607.0505(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that I am an officer or director of the corporation or the registered agent or trustee empowered to execute this report as required by Section 607.0505, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #