

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

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Apr 04 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J07094 (2)**  
 1. Corporation Name  
**SPACE COAST TRANSPORT, INC.**



Principal Place of Business <b>4155 DOW ROAD UNIT X MELBOURNE FL 32904 US</b>	Mailing Address <b>6162 ISLA STREET <del>4804 S. BAYVIEW DRIVE</del> W MELBOURNE FL 32904-3735 US</b>
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3. Date Incorporated or Qualified <b>04/01/1986</b>	3a. Date of Last Report <b>05/28/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-2765284</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KEENEY, PAUL F 6162 ISLA STREET WEST MELBOURNE FL 32904</b>	10. Name and Address of New Registered Agent 81 Name <b>Paul F Keeney</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3215 Fell Rd.</b> 83 84 City <b>W. Melbourne</b> FL 85 Zip Code <b>32904</b>
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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 *[Signature]* **Paul F Keeney** DATE **3/28/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PO</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Change</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KEENEY, PAUL F., JR.</b>		1.2 NAME	
STREET ADDRESS <b>6162 ISLA STREET</b>		1.3 STREET ADDRESS <b>3215 Fell Rd</b>	
CITY-ST-ZIP <b>WEST MELBOURNE FL</b>		1.4 CITY-ST-ZIP <b>W. Melbourne FL 32904</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>Change</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KEENEY, TERESA DAWN</b>		2.2 NAME	
STREET ADDRESS <b>6162 ISLA STREET</b>		2.3 STREET ADDRESS <b>3215 Fell Rd</b>	
CITY-ST-ZIP <b>WEST MELBOURNE FL</b>		2.4 CITY-ST-ZIP <b>W. Melbourne FL 32904</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **Paul F Keeney** DATE **3/28/97** 407-723-6353  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)