


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

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # J43692 (9)

1. Corporation Name
SPACE COAST TRAVEL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1653 W. NEW HAVEN AVE. W. MELBOURNE FL 32904**

Mailing Address: **1653 W. NEW HAVEN AVE. W. MELBOURNE FL 32804**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt #, etc.	27	Suite, Apt #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified: **11/17/1986**

4. FEI Number: **59-2741962**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

DALY, JOSEPH P.
1653 W. NEW HAVEN AVE.
W. MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	<input type="checkbox"/> DELETE	1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALY, JOSEPH P.		1	
STREET ADDRESS	1653 W. NEW HAVEN AVENUE		1	
CITY-ST-ZIP	W. MELBOURNE FL		1	
TITLE	VP	<input type="checkbox"/> DELETE	2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALY, JOSEPH P.		2	
STREET ADDRESS	1653 W. NEW HAVEN AVE.		2	
CITY-ST-ZIP	W. MELBOURNE FL		2	
TITLE		<input type="checkbox"/> DELETE	3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3	
STREET ADDRESS			3	
CITY-ST-ZIP			3	
TITLE		<input type="checkbox"/> DELETE	4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4	
STREET ADDRESS			4	
CITY-ST-ZIP			4	
TITLE		<input type="checkbox"/> DELETE	5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5	
STREET ADDRESS			5	
CITY-ST-ZIP			5	
TITLE		<input type="checkbox"/> DELETE	6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6	
STREET ADDRESS			6	
CITY-ST-ZIP			6	

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: *Joseph P. Daly* 2/26/98 (407) 984-8444

CR2E034 (10/97)