

**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.**



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

DO NOT WRITE IN THIS SPACE

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

4. FEI Number: **59-2741962** Applied For:  Not Applicable

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
DP	DALY, JOSEPH P.	1653 W. NEW HAVEN AVENUE	W. MELBOURNE FL	<input type="checkbox"/>
VP	DALY, JOSEPH P.	1653 W. NEW HAVEN AVE.	W. MELBOURNE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

I further certify that the information stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am in this report as required by Chapter 607, Florida Statutes; and that my name appears in

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

CR2E034 (10/97)