FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 4:24
FLORIDA

DOCUMENT # **N17021** **(9)**

1. Corporation Name
FLORIDA SPACE BUSINESS ROUNDTABLE, INC.

Principal Place of Business	Mailing Address
1499 S HARBOR CITY BLVD S300 MELBOURNE FL 32901	1499 S HARBOR CITY BLVD S300 MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1986
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2848680 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3440 Sunset Ridge Dr.	26 P.O. Box 273
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: Merritt Island, Fla.	28 City & State: Cape Canaveral, Fla.
24 Zip: 32953 25 Country: USA	29 Zip: 32920 30 Country: USA

9. Name and Address of Current Registered Agent

MARSHALL, BYRD E., JR.
201 E PINE ST
S1200
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

500001487985
-05/16/95--01008-003
*****77.50 FL *****77.50

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	NELSON, BILL	12 NAME	Rose, James T.	
STREET ADDRESS	1499 S HARBOR CITY BLVD	13 STREET ADDRESS	3440 Sunset Ridge Dr.	
CITY-ST-ZIP	MELBOURNE FL	14 CITY-ST-ZIP	Merritt Island, Fl. 32953	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	HOLLOWAY, LYLE	22 NAME	Byron, John L.	
STREET ADDRESS	LIGHTHOUSE RD. CMPLX. 17	23 STREET ADDRESS	158 St. Croix Ave.	
CITY-ST-ZIP	CAPE CANAVERAL FL	24 CITY-ST-ZIP	Cocoa Beach, Fla. 32931	
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	TEDDER, WARREN L. JR.	32 NAME	Mitchell Varnes, Jr.	
STREET ADDRESS	111 N. ORANGE AVE.	33 STREET ADDRESS	508 S. River Oaks Dr.,	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Indialantic, Fla. 32903	
TITLE	SD	41 TITLE	SD	☒ Change ☐ Addition
NAME	MARSHALL, BYRD F. JR.	42 NAME	Karen Ramos	
STREET ADDRESS	201 E. PINE ST. STE 1200	43 STREET ADDRESS	1057 Red Bug Circle	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	Rockledge, Fla. 32955	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Treasurer 5/5/95 407-676-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Mitchell Varnes, Jr.

0004482