

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1986.
AMOUNT DUE ON OR BEFORE 8/9/86: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 20 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27585

(1)

1. Corporation Name

EDUCATIONAL COUNCIL FOR SPACE AGE TECHNOLOGY, IN
C.

Principal Place of Business

Mailing Address

C/O STEPHEN O'NEAL
5399 NW 36TH ST.
MIAMI FL 33166

PO BOX 661438
5399 NW 36TH ST.
MIAMI FL 33266-1438
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1988

3a. Date of Last Report

08/10/1994

4. FEI Number

65-0124732

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

FILING FEE IS
\$61.25

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'NEAL, STEPHEN
5399 NW 36TH ST.
MIAMI FL 33166

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BRAMBLE, JAMES R
STREET ADDRESS	4767 NW 36TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	CD
NAME	O'NEAL, STEPHEN
STREET ADDRESS	5399 N.W. 36TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	PD
NAME	CASH, MARCIA
STREET ADDRESS	19825 N.E. 10TH AVENUE
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	CD	☒ Change ☐ Addition
1.2 NAME	O'NEAL, STEPHEN	
1.3 STREET ADDRESS	5399 NW 36TH ST	
1.4 CITY - ST - ZIP	MIAMI FL 33166	
2.1 TITLE	PD	☒ Change ☐ Addition
2.2 NAME	CASH, MARCIA	
2.3 STREET ADDRESS	19825 NE 10TH AVE	
2.4 CITY - ST - ZIP	FT LAUDERDALE FL	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(b), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-95 305-871-6530

Date

Daytime Phone