

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N43814 (5)**  
1. Corporation Name  
**SPACE STATION U.S.A., INC.**



Principal Place of Business: **514 S DIXIE AVE FRUITLAND PARK FL 34731**  
Mailing Address: **514 S DIXIE AVE FRUITLAND PARK FL 34731**

3. Date Incorporated or Qualified: **06/07/1991**  
3a. Date of Last Report: **04/06/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-3073334**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **DIXON-SHELTON, LILITH A. 514 S DIXIE AVE FRUITLAND PARK FL 34731**  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: DIXON-SHELTON, LILITH A. STREET ADDRESS: 716 DORADO AVE CITY-ST-ZIP: ORLANDO FL	<input checked="" type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change →	1.1 TITLE: PD 1.2 NAME: DIXON-SHELTON, Lilith A. 1.3 STREET ADDRESS: 309 Forest St. 1.4 CITY-ST-ZIP: Fruitland Park FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: DIXON, DONALD M. STREET ADDRESS: 401 FOREST ST CITY-ST-ZIP: FRUITLAND PARK FL	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: DIXON, ADELAIDA E. STREET ADDRESS: 401 FOREST ST CITY-ST-ZIP: FRUITLAND PARK FL	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: *Donald M. Dixon* **Donald M. Dixon 23 Feb 96 (352) 787-1240**

CFR2E037 (12/95)