
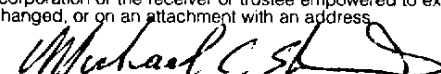


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000754 (9) 1. Corporation Name SPACE COAST BASKETBALL, INC.					
Principal Place of Business 6320 PONY CIRCLE COCOA FL 32926		Mailing Address 6320 PONY CIRCLE COCOA FL 32926			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/08/1996 4. FEI Number 59-3390570 <input checked="" type="checkbox"/> Applied For APPLIED FOR <input type="checkbox"/> Not Applicable	
21 APT # 3909		26 4300 FLAT SHOALS RD.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22 UNION CITY, GA		27 APT # 3909		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 UNION CITY, GA		28 UNION CITY, GA		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 30291		29 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent GLASSMAN, DAVID N 1970 MICHIGAN AVE., BLDG. C COCOA FL 32922				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 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: Register Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	EDMONDS, MICHAEL				
STREET ADDRESS	6320 PONY CIRCLE				
CITY-ST-ZIP	COCOA FL 32926				
TITLE	D <input type="checkbox"/> DELETE				
NAME	ROWE, JAMES W JR.				
STREET ADDRESS	2100 LANCE BLVD.				
CITY-ST-ZIP	COCOA FL 32926				
TITLE	D <input type="checkbox"/> DELETE				
NAME	STEELE, KEVIN B				
STREET ADDRESS	696 MILLWHEEL DR.				
CITY-ST-ZIP	MERRITT ISLAND FL 32952				
TITLE	D <input type="checkbox"/> DELETE				
NAME	PIERCE, L.				
STREET ADDRESS	6555 FULLER AVE.				
CITY-ST-ZIP	PORT ST. JOHN FL 32927				
TITLE	D <input type="checkbox"/> DELETE				
NAME	BRODAN, JOHN				
STREET ADDRESS	1531 N. INDIAN RIVER DR.				
CITY-ST-ZIP	COCOA FL 32922				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing 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:  MICHAEL C. EDMONDS 4/29/98 (710) 494-1713					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (10/97)