

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001550 (0)**
1. Corporation Name

SPACE COAST P.B.A., INC.



Principal Place of Business 2960 MICHIGAN ST MELBOURNE FL 32904 US	Mailing Address 2960 MICHIGAN ST MELBOURNE FL 32904 US
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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
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3. Date Incorporated or Qualified 03/19/1996	4. FEI Number 65-0656066	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 ARLEO, RANDY J 2960 MICHIGAN STREET MELBOURNE FL 32904	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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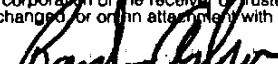
10. Name and Address of New Registered Agent
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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	P <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARLEO, RANDY J	1.2 NAME	Gary Wood
STREET ADDRESS	2960 MICHIGAN ST	1.3 STREET ADDRESS	2960 Michigan Street
CITY-ST-ZIP	MELBOURNE FL 32904	1.4 CITY-ST-ZIP	Melbourne, FL 32904
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LADERWARG, MARK	2.2 NAME	Pat Naughton
STREET ADDRESS	2960 MICHIGAN ST	2.3 STREET ADDRESS	2960 Michigan Street
CITY-ST-ZIP	MELBOURNE FL 32904	2.4 CITY-ST-ZIP	Melbourne, FL 32904
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, JAMES H	3.2 NAME	
STREET ADDRESS	2960 MICHIGAN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32904	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNA, GARY	4.2 NAME	
STREET ADDRESS	2960 MICHIGAN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32904	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY, MIKE	5.2 NAME	
STREET ADDRESS	2960 MICHIGAN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32904	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUWIK, ROBERT F	6.2 NAME	
STREET ADDRESS	2960 MICHIGAN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32904	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:  **Randy Arleo-President** 4-28-98 (407)726-0555

CR2E037 (10/97)