

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000003413 (9)

1. Corporation Name

SPACE COAST REACT, INC. TEAM #4577



Principal Place of Business

Mailing Address

P.O. BOX 360292  
MELBOURNE FL 32936-0292

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MELBOURNE FL 32936-0292

3. Date Incorporated or Qualified

06/26/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc:

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2436868

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWER, KAREN  
2949 GARDEN TERR. NE  
PALM BAY FL 32905

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	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, ROGER	
STREET ADDRESS	1140 MCCLENDON ST.	
CITY - ST - ZIP	MELBOURNE FL 32935	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HIENTZELMAN, KIPP	
STREET ADDRESS	305 W. CHARLES DR.	
CITY - ST - ZIP	MELBOURNE FL 32935	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HALL, MICHELLE	
STREET ADDRESS	461 HELICON AVE. N.W.	
CITY - ST - ZIP	PALM BAY FL 32907	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	WALT YOUNG	
13 STREET ADDRESS	1220 JASMINE ST	
14 CITY - ST - ZIP	MELBOURNE, FL 32935	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ERIC POWER	
23 STREET ADDRESS	2949 GARDEN TERR N.E.	
24 CITY - ST - ZIP	PALM BAY, FL 32905	
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MARK HOLSHOE	
33 STREET ADDRESS	3190 TANGELO ST N.E.	
34 CITY - ST - ZIP	PALM BAY FL 32905	
41 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	KAREN POWER	
43 STREET ADDRESS	2949 GARDEN TERR N.E.	
44 CITY - ST - ZIP	PALM BAY FL 32905	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do 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: *Walt Young*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97

Date

Daytime Phone # 0019592

CR2E037 (9/96)