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**NONPROFIT** CORPORATION ANNUAL REPORT

FLÖRÍDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

1999

DIVISION OF CORPORATIONS

## FILED May 13, 1999 8:00 am Secretary of State 05-13-1999 90005 045 \*\*\*150.00

		1 03-13-1777 70003 043	
DOCUMENT # $\Lambda/98000006/9/$			
DOCUMENT # N9800006/7/ 1. Corporation Name Servors First Association	NA.		
Envors First MSSUCIATIO	PYI		
of America, Inc.			
Principal Place of Business Mailing Address	0.0 C		
555 Fillmore Aue#208 P.O. Box 19	125		
	1		
Cape Canaveral, FL (ape Canave	alite		
35920	32920		
2. Principal Place of Business 2a. Mailing Address	igae	3. Date Incorporated or Qualifed	
21 555 Fillmore AUC 26 V.D. F.	1740 XOC	10128198	
Suite, Apt. #, etc. # 2 003 Suite, Apt. #, etc.		4. FEI Numbler FO _ 2529/373	Applied For
22 27 27		21-212 1483	\$8.75 Additional
City & State City & State	Sugar Fl	5. Certificate of Status Desired	Fee Required
23 Cape (anaveral FL 28 Cape Car	Country	6. Election Campaign Financing	\$5.00 May Be
24 329 20 25 U.S.A. 29 32920 3	Tica	Trust Fund Contribution	Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered A	gent
V Q 'U	81 Name		
Kern Smith	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
555 Fillmore Aue#208			
Cape Canaveral, FL	83		
Cape anadoral, PC	84 City	F	85 Zip Code
) de( <u>) (</u> )		FL	hanging its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was auti	norized by the corporatio	n's board of directors. I hereby accept the appoint	tment as registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Floric	a Statutes		
	a Galatos,	3/17/99	ł
SIGNATURE TENT		(when reinstating) X 3/17/99  DATE	
SIGNATURE LEWY MICH	egistered Agent signature required	(when reinstating) X 3/17/99  ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12
SIGNATURE  Signature typed or printed name of registered agent and title if applicable. (NOTE: R  OFFICERS AND DIRECTORS  TO COLUMN TO THE PROPERTY OF THE PRO	egistered Agent signature required		D DIRECTORS IN 12 Change Addition
SIGNATURE  Signature typed or printed name of registered agent and title if applicable. (NOTE: R  12. OFFICERS AND DIRECTORS  TITLE Kern Smith Pres. DELETE	egistered Agent signature required		
SIGNATURE  Signature speed or printed name of registered agent and title of applicable. (NOTE: R  12. OFFICERS AND DIRECTORS  TITLE NAME  STREET ADDRESS 555 FILL MOVE AVE. Unit 208	egistered Agent signature required 13. 1.1 TITLE		
SIGNATURE  Signature typed or printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  TITLE NAME  STREET ADDRESS 555 FILMOYE AVE. Unit 208  CITY-ST-ZIP Cape Canaveral, FL 32920	egistered Agent signature required  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP		Change Addition
SIGNATURE  Signature/syped or printed name of registered agent and title of applicable.  12. OFFICERS AND DIRECTORS  TITLE NAME  STREET ADDRESS 555 FILMOVE AVE. Unit 208  CITY-ST-ZIP Cape Canaveya FL 32920  TITLE ADDRESS SIGNATURE OF THE CAPE CAPAVEYA FL 32920	egistered Agent signature required  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		
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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 apdress, with all other like empowered.

SIGNATURE: X

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR