

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000024669 (2)

1. Corporation Name

SPACESERV, INC.



Principal Place of Business

Mailing Address

20 S WICKHAM RD  
MELBOURNE FL 32902

P.O. BOX 1718  
MELBOURNE FL 32902-1718

3. Date Incorporated or Qualified 03/31/1993  
3a. Date of Last Report 03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number 59-3178358  
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

KABBOORD, JOHN J JR.  
1980 N. ATLANTIC AVENUE, SUITE 801  
COCOA BEACH FL 32931

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and office if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  DELETE  
NAME WILSON, A J  
STREET ADDRESS 5335 LAKE WASHINGTON ROAD  
CITY - ST - ZIP MELBOURNE FL 32935

1.1 TITLE D  Change  Addition  
1.2 NAME JAMES H. DEMMING  
1.3 STREET ADDRESS 974 PELHAM AVE NE  
1.4 CITY - ST - ZIP PALM BAY FL 32907

TITLE V  DELETE  
NAME THOMS, WILLIAM G  
STREET ADDRESS INDIAN RIVER FL 32903

2.1 TITLE D  Change  Addition  
2.2 NAME WILLIAM H. LEWIS  
2.3 STREET ADDRESS 3000 MANITOBA LANE  
2.4 CITY - ST - ZIP MELBOURNE FL 32985

TITLE V  DELETE  
NAME THOMAS, GREGORY A  
STREET ADDRESS 207 FIR AVENUE  
CITY - ST - ZIP MELBOURNE BEACH FL 32951

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE T  DELETE  
NAME SAMUELS, DOUGLAS R  
STREET ADDRESS 2435 NEW YORK STREET  
CITY - ST - ZIP MELBOURNE FL 32901

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE S  DELETE  
NAME WAHL, MARIETTA J  
STREET ADDRESS 678 JUPITER BLVD., N.W.  
CITY - ST - ZIP PALM BAY FL 32907

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: DOUGLAS SAMUELS 2.15.96 407 724-6730  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)