FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P93000037475 (9)

FILED Jan 29 1998 8:00am Secretary of State

SPACEPORT LAUNCH COMPANY					1 /##sings ((# 18/85 sies) 46/() ##ers 44/(88/	
Principal Place of Business Mailing Address					6 140 NET 10 10 11 11 10 12 13 14 15 15 15 15 15 15 15	DU 41711 10001 01017 10003 0561 1001
150 COCOA ISLES BLVD. 150 COCOA ISLES BLVD.						
SUITE 401 SUITE 401					DO NOT WRITE IN T	HIS SPACE
COCOA BEACH FL 32931 COCOA BEACH FL 32931					3. Date Incorporated or Qualified	110017102
					05/25/1993	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26					59-3275229	Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the	
24	25		30		Personal Property Tax due June 30.	Yes No
ļ	g Name and Address of Currer	t Registered Agent		- No	10. Name and Address of New Register	red Agent
MA	ARSHALL, BYRD F JR.		8	1 Name		
20	201 E. PINE ST.				Address (P.O. Box Number is Not Acceptable)	
SUITE 1200			ـ اـ			-
OF	RLANDO FL 32801		8	3		
			8	4 City	1	85 Zip Code
de Durayont	to the previous of Sections 607.050	2 and CO7 1500 Florida Statuta	o the abo	vo pomod s		
office or i	egistered agent, or both, in the State	of Florida, Such change was a	uthorized	by the corpo	corporation submits this statement for the purpo oration's board of directors, I hereby accept the	appointment as registered
	im familiar with, and accept the oblig-	ations of, Section 607.0505, Floi	rida Statut	es.		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if anniicable (NOTE	Registered A	oent signature n	required when reinstating) DA	(TE
12.	OFFICERS AN		13.	garn organization	ADDITIONS/CHANGES TO OFFICERS	·
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	LEARY, JAMES D JR.		1.2 NAM	E		
STREET ADDRESS	150 COCOA ISLES BLVD., ST	TE. 401	1,3 STRE	ET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931		1,4 CITY	- 1		
TITLE	D	☐ DELETE	2.1 TITLE	:		Change Addition
NAME	THOMAS, ALBERT M		2.2 NAM	E Ì		
STREET ADDRESS	150 COCOA ISLES BLVD., ST	ΓE. 401	2.3 STRE	ET ADDRESS		
GITY-ST-ZIP	COCOA BEACH FL 32931		2. 4 CITY	-ST-ZIP	<u></u>	
TITLE	D	DELETE	3.1 TITLE			Change Addition
NAME	ELLEGOOD, EDWARD		3.2 NAMI	E		
STREET ADDRESS	150 COCOA ISLES BLVD., S	TE. 401	3 3 STRE	ET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931		3.4. CITY	-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE			Change Addition
NAME	O'CONNOR, EDWARD A JR.		4, 2 NAM	IE		
STREET ADDRESS	150 COCOA ISLES BLVD., ST	TE. 401	4.3 STRE	ET ADORESS		
CITY-ST-ZIP	COCOA BEACH FL 32931		4.4 CITY	-ST-ZIP		
TITLE		DELETE	5,1 TITLE			Change Addition
NAME			5,2 NAM	E		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	-ST-ZIP		
TITLE		DELETE	6.1 TITLE	- 1		Change Addition
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS		

14. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.