

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

FILED
Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000078075 (7)
 1. Corporation Name
SPACECOAST BOOKKEEPING & TAXES, INC.



Principal Place of Business 25 N ORLANDO AVE COCOA BEACH FL 32931	Mailing Address 25 N ORLANDO AVE COCOA BEACH FL 32931-2910
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/01/1994	3a. Date of Last Report 02/14/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3206014	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
SACCHITELLA, GLORIA J
25 N ORLANDO AVE
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent
 81. Name
SACCHITELLA, ROBERT E.
 82. Street Address (P.O. Box Number is Not Acceptable)
25 N. ORLANDO AVE
 83. City
COCOA BEACH FL 85. Zip Code
32931

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: *Robert E. Sacchitella* DATE: *Apr 2, 1997*

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	SACCHITELLA, GLORIA J	
STREET ADDRESS	25 N ORLANDO AVE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	VTM	<input type="checkbox"/> DELETE
NAME	SACCHITELLA, ROBERT E	
STREET ADDRESS	25 N ORLANDO AVE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PRESIDENT, TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SACCHITELLA, ROBERT E.	
2.3 STREET ADDRESS	25 N. ORLANDO AVE	
2.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *Robert E. Sacchitella* DATE: *Apr 2, 1997*

CR2E034 (9/96)