

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

FILED  
May 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000078075 (7)  
SPACECOAST BOOKKEEPING & TAXES, INC.



DO NOT WRITE IN THIS SPACE

1. Principal Business	2a. Mailing Address	3. Date Incorporated or Qualified
25 N ORLANDO AVE COCOA BEACH FL 32931	25 N ORLANDO AVE COCOA BEACH FL 32931	01/01/1994
2. Principal Business	2b. Mailing Address	4. FEI Number
		59-3206014
21. State - Inc. # etc.	26. State - Inc. # etc.	5. Certificate of Status Desired <input type="checkbox"/>
22. City & State	27. City & State	\$8.75 Additional Fee Required
23. Sig. Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24. 25.	29. 30.	\$5.00 May Be Added to Fees
Name and Address of Current Registered Agent		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name and Address of New Registered Agent		10. Name and Address of New Registered Agent

SACCHITELLA, ROBERT E.  
25 N ORLANDO AVE  
COCOA BEACH FL 32931

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506 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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ NOTE: Registered Agent signature required when re-registering. DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NAME	
TITLE	DELETE	TITLE	Change Add
PT SACCHITELLA, ROBERT E 25 N ORLANDO AVE COCOA BEACH FL	<input type="checkbox"/>	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY - ST - ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY - ST - ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY - ST - ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY - ST - ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY - ST - ZIP	<input type="checkbox"/>

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26-2-95  
3-9-95

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\*\*\*150.00

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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)(b), 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. 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 10 or Block 13 of this report or on an attachment with an address.

5-7-98