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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400036530 (1)

SPACECOAST PROMOTIONS, INC.

Principal Place of Business	Mailing Address		(LOGINGE) LIA IBLIE GODEL ODEN ABLIN ABLIN ABLIN ABLIN	i divid divida divida livili dizin 1881
1925 N. ATLANTIC AVE	1325 N. ATLANTIC AV	E		
87E. 180	STE. 160	004	DO NOT WRITE IN TH	IS SPACE
COCOA BEACH FL 32931 LIS	COCOA BEACH FL 32 US	801	3. Date Incorporated or Qualified	
35	••		05/16/1004	
2. Principal Place of Business	2a. Mailing Address		05/16/1994 4. FEI Number	Applied For
21	26		59-3248005	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		8. Certificate of Status pesited	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution L	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	
24 25	29	[30]	Personal Property Tax due June 30.	
g, Name and Address of Currer	ir uafisierad Wäeur	81 Name	10. Name and Address of New Register	o Agent
rissman, andrew R.		- Name		
1325 N. ATLANTIC AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
STE. 160		63		
COCOA BEACH FL 32931		63		
		84 City		85 Zip Code
dd Dunaydd the marie and Continue CO2 DEC	007 1/ 00 Florid			L B COO
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State 	e of Florida. Such change wa	s authorized by the corpora	rporation submits this statement for the purpositation's board of directors. I hereby accept the a	ppointment as registered
agent, I am familiar with, and accept the oblig	ations of Section 607.0505,	Florida Statutes.		
SIGNATURE		071.6		
Signature, typed or protect name of registered age 12. OF FICERS AN	OF THE CTORS	OTE Registered Agent signature request. 13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE DP	DELETE	1.1 TITLE	ABBITIONS/CHANGES TO OTT ICENS A	Change Addition
NAME RISSMAN, PATTI		1.2 NAME		
STREET ADDRESS 1325 N. ATLANTIC AVE., STE	E 100	1.3 STREET ADDRESS		
CITY-ST-ZIP COCOA BEACH FL	L. 100	1.4 C/TY-ST-Z/P		
TITLE OV	DELETE	2.1 TILE		Change Addition
NAME RISSMAN, ANDREW		2.2 NAME		
STREET ADDRESS 1325 N. ATLANTIC AVE., ST	F 180	2.3 STREET ADDRESS	_	
CITY-ST-ZIP COCOA BEACH FL	L. 100	2. 4 CITY-ST - ZIP	" use	
TITLE	DELET E	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		34. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME	-	4. 2 NAME		_
STREET ADDRESS		4.3 STREET ADDRESS		
City-ST-ZIP		4.4 CITY - S1 - ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
City-st-zip		5.4 CITY-ST-ZIP	•	
TITLE	DELETE	6.1 TITLE	······································	Change Addition
NAME		62 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY - ST - ZIP		

14. Thereby 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 chapted, or on an attachment with an address.

1. **ACCURATE **AC