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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000038398 (1)

SPACE (COAST LADY, INC.									
Principal Place of Business Mailing Address 271 E. EAU GALLIE BLVD. MELBOURNE FL 32937 MELBOURNE FL 32937-4873							+ 1001140+ 114 F9(1) 919(1) 919(1) 89(1) 81197 91197 19198 11(1) 44(1) 1917 1919			
	: :						3. Date Incorporated or Qualified 05/16/1994		Date of Last R /12/1996	eport
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number 59-3242034		<u>}</u>	plied For t Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5 Carlifficate of Status Desired \$8.75 Additional			
City & State			City & State				Fee Required			
23			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25		7ip 3		ntry	,	8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes ☐ No			
	9. Name and Address of Currer		ered Agent			r-::	10. Name and Address of New Ro	egistered	l Agent	
PUZINO, MARIA 271 E. EAU GALLIE BLVD. MELBOURNE FL 32937					81 82 83		Name Street Address (P.O. Box Number is Not Acceptable)			
					84	City		Fl	85 Zip (Code
office or r agent. I a SIGNATURE	registered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered age	of Florid ations of	a. Such change was Section 607.0505, Fl fapphoable. (NOT	authorized orida Stati If: Registered	i by utes	the corporati s.	oration submits this statement for the ion's board of directors. I hereby acce	pt the ap	pointment as	registered
12.	OFFICERS AN	D DIREC	DELETE	13.	ı.c		ADDITIONS/CHANGES TO OFFI	CE HS AN	DIRECTOR Change	S IN 12 Addition
NAME	PUZINO, MARIA								L bridings	[_] Addition
STREET ADDRESS	27,1 E. EAU GALLIE BLVD. MELBOURNE FL 32937				1.3 STREET ADDRESS					
CITY-ST-ZIP	MELDOORINE PL 32837		DELETE		1.4 CITY - ST - 7/P 2.1 TITLE				Change	Addition
NAME :			_		2.2 NAME					
STREET ADDRESS				2.3 ST	REET	ADDRESS	•			
CITY-ST-ZIP			05.55			ST-ZIP				— ::::::
TITLE			☐ DELFTE	3.11(1					Change	Addition
NAME STREET ADDRESS				3.2 NA 3.3 ST		ADDRESS				
CITY-ST-ZIP				1		ST-ZIP				
TITLE			DELETE	41 117					Change	Addition
NAME				4. 2 N/	AME	1				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE			DELETE			S1 - ZIP			Change	Addition
NAME			E pricie	5.1 T(1 5.2 NA					CT Orange	☐ vanitan
STREET ADDRESS				L		ADDRESS				l
CITY-ST-ZIP				5.4 CF						ļ
TITLE			DELETE	6.1 7/1					Change	Addition
NAME				6.2 NA	ME					
STREET ADDRESS				6.3 \$1	ree 1	ADDRESS				

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 trusted 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:

777-5239

FILED

Apr 24 1997 8:00am

Secretary of State