

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000045020 (2)

1. Corporation Name

SPACE RACE ENTERPRISE, INC.

Principal Place of Business

**1040 NEW PARKVIEW PL
WEST PALM BEACH FL 33417**

Mailing Address

**1040 NEW PARKVIEW PL
WEST PALM BEACH FL 33417**



2. Principal Place of Business

21 4394 Althea Way

2a. Mailing Address

26 4394 Althea Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Palm Beach Gardens

City & State

28 Palm Beach Gardens

Zip

24 33410

Country

Zip

29 33410

Country

30

9. Name and Address of Current Registered Agent

**HOLLINGS, CHARLES S
1040 NEW PARKVIEW PL
WEST PALM BEACH FL 33417**

3. Date Incorporated or Qualified

06/16/1994

3a. Date of Last Report

06/12/1995

4. FEI Number

65-0495141

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

4394 Althea Way

84. City & State

Palm Beach Gardens FL

85. Zip Code

33410

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

Charles S. Hollings

CHARLES S. HOLLINGS

4/25/96

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **HOLLINGS, CHARLES S**
STREET ADDRESS **1040 NEW PARKVIEW PL**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **D** ☐ DELETE
NAME **GERMONY, GEOFFREY G**
STREET ADDRESS **6897 BRIARLAKE CIR**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **4394 Althea Way
Palm Beach Gardens, FL 33410**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Charles S. Hollings

CHARLES S. HOLLINGS

4/25/96

(407)627-9112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)