

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

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

4394 ALTHEA WAY  
PALM BEACH GARDENS FL 33410  
US

Mailing Address

4394 ALTHEA WAY  
PALM BEACH GARDENS FL 33410-5408  
US

2. Principal Place of Business

21 9275 Green Meadows Way  
Suite, Apt. #, etc.

2a. Mailing Address

26 9275 Green Meadows Way  
Suite, Apt. #, etc.

22 City & State

23 Palm Beach Gardens FL  
Zip 33418 Country USA

27 City & State

28 Palm Beach Gardens FL  
Zip 33418 Country USA

3. Date Incorporated or Qualified  
06/16/1994

3a. Date of Last Report  
05/01/1996

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

9. Name and Address of Current Registered Agent

HOLLINGS, CHARLES S  
4394 ALTHEA WAY  
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name  
Charles S. Hollings  
82 Street Address (P.O. Box Number is Not Acceptable)  
9275 Green Meadows Way  
83  
84 City  
Palm Beach Gardens FL 85 Zip Code  
33418

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*  
Signature (typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/22/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLLINGS, CHARLES S	
STREET ADDRESS	4394 ALTHEA WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GERMONY, GEOFFREY G	
STREET ADDRESS	6897 BRIARLAKE CIR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
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	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Charles S Hollings	
1.3 STREET ADDRESS	9275 Green Meadows Way	
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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, unchanged, or on an attachment with an address.

SIGNATURE:

*Charles S. Hollings*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES S. HOLLINGS 4/22/97

Date

(561) 627-9112

Daytime Phone #

CR2E034 (9/96)