

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000056105 (7)

1. Corporation Name  
SPACEMARK INTERNATIONAL CORPORATION

Principal Place of Business

901 E WASHINGTON ST  
ORLANDO FL 32801

Mailing Address

901 E WASHINGTON ST  
ORLANDO FL 32801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		07/20/1994		04/17/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3255972		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		□ \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				X Yes □ No			

9. Name and Address of Current Registered Agent

EVERIDGE, BENJAMIN J  
901 E WASHINGTON ST  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	EVERIDGE, BENJAMIN J	1.2 NAME	MARY SCOTT
STREET ADDRESS	901 E WASHINGTON ST	1.3 STREET ADDRESS	901 E WASHINGTON STREET
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	ORLANDO FL 32801
TITLE	D	2.1 TITLE	D
NAME	CALONIUS, ERIK	2.2 NAME	DONALD L. GOULD
STREET ADDRESS	901 E WASHINGTON ST	2.3 STREET ADDRESS	901 E WASHINGTON STREET
CITY-ST-ZIP	ORLANDO FL 32801	2.4 CITY-ST-ZIP	ORLANDO FL 32801
TITLE	D	3.1 TITLE	
NAME	DARLEY, HUGH	3.2 NAME	
STREET ADDRESS	901 E WASHINGTON ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	HOBBS, JULIA A	4.2 NAME	
STREET ADDRESS	901 E WASHINGTON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	HUSK, GARY	5.2 NAME	
STREET ADDRESS	901 E WASHINGTON ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	SISSON, CINDY	6.2 NAME	
STREET ADDRESS	901 E WASHINGTON ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	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 if changed, or on an attachment with an address.

SIGNATURE

BENJAMIN J. EVERIDGE 9/3/97 47-041-S123

CR2E034 (4/97)