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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90043 004 ***150.00

DOCUMENT #	P94000089864
1 Comoration Name	

SEVEN DAY SHUTTERS SPACE COAST, INC.

Principal Place	of Business	Mailing Address							
4270 DOW ROA	AD.	4270 DOW ROAD							
SUITE 201 SUITE 201					DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE			
MELBOURNE FL 32934 MELBOURNE FL 32934				<u> </u>	SPACE				
1					3. Date Incorporated or Qualifed		}		
					12/12/1994				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		plied For		
21		26			59-3300507		t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A			
22		27				Fee Re			
City & State	e	City & State	· · · · · · · · · · · · · · · · · · ·	•	6. Election Campaign Financing	• -	May Be		
23		28			Trust Fund Contribution	Added t	o Fees		
Zip	Country	Zip	Country	'	This corporation owes the current year Inta				
24		29 3	<u>o\</u>		Personal Property Tax.	X Yes	□No □		
	9. Name and Address of Current	Registered Agent		·———	10. Name and Address of New Registered	igent			
			81	Name			ļ		
	ER, RICHARD C		82	Street A	ddress (P.O. Box Number is Not Acceptable)				
447	BRIDGETOWN CT.		02	Silection	adiess (F.O. Box Hairibs) is rioty assignable)				
SATI	ellite Beach FL 32937		83	 					
			84	City		85 Zip (Code		
			ļ		F <u>L</u>	1 1			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-named co	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoir	changing its	registered {		
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	ions of, Section 607.0505, Florid	la Statutes	ine corpor i.	audit's board of directors. Thereby accept the expen		9.0.0.0.		
{									
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	egistered Age	nt signature req	quired when reinstating) DATE				
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN				
TITLE	THE PRES	☐ DELETE	1.1 TITLE	ļ		☐ Change	Addition		
NAME.	BAUER, RICHARD C		1.2 NAME				ļ		
STREET ADDRESS	447 BRIDGETOWN CT.		1.3 STREE	TADDRESS			Į.		
CITY-ST-ZIP	SATELLITE BEACH FL 32937		1.4 CITY-5	T-ZIP					
TITLE	PD V.P.	☐ DELETE	2.1 TITLE			Change	☐ Addition		
NAME	BAUER, DONNA J		2.2 NAME						
	447 BRIDGETOWN CT.			TADORESS			j		
STREET ADDRESS			1						
CITY-ST-ZIP			2, 4 CITY- 3,1 TITLE	S1-ZIP		Change	Addition		
TITLE		C DECEIE	1	1					
NAME			3.2 NAME				i		
STREET ADDRESS			3.3 STREE	TADDRESS			'		
CITY-ST-ZIP			3.4 CITY-	ST-ZIP		TT Change	Addition		
TITLE		☐ DELÉTE	4.1 TITLE			Change	☐ Addition		
NAME			4.2 NAME	(•				
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-3	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition		
NAME			5.2 NAME	ļ					
STREET ADDRESS			5.3 STREE	T ADDRESS			1		
CITY-ST-ZIP			5.4 CITY-1	iT-ZIP					
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition		
	}		6.2 NAME						
NAME				TADDRESS					
A STREET AUDPECC									

14. I 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, with all other like empowered.

SIGNATURE:

LODICIBANA CERTARO C. BANKI

4-19-99

407 Maning