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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500007807 (7)

INTERNATIONAL SPACE AND TECHNOLOGY EXPOSITION, I NC.

FILED Mar 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 874 DIXON BLVD 874 DIXON BLVD **COCOA FL 32922** COCOA FL 32922 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>01/31/1995</u> 2a. Mailing Address 2. Principal Place of Business Applied For FEI Number Not Applicable 21 59-3365804 26 Suite, Apt. #, etc. Suita, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name GARDNER, WINSTON W JR 874 DIXON BLVD R2 Street Address (P.O. Box Number is Not Acceptable) COCOA FL 32922 83 84 City 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Change ☐ Addition TITLE 11 TITLE GARDNER, WINSTON W JR 1.2 NAME NAME 5087 RIVEREDGE DRIVE 1.3 STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Addition 2.1 Tille TITLE KIRSCHENBAUM, MALCOLM 2.2 NAME NAME 72 COUNTRY CLUB ROAD STREET ADDRESS 2.3 STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. City - St - ZiP CITY-ST-ZIP DELETE Addition Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 51 TITLE TITI F NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6 2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST- ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 armulal 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 consuration or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE: (1) with (1) Barduler

2/16/98

(407)636-0274