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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.
Sandra B. Mortham
Socretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9500060690 (1)

1. Corporatio		(• ,							
1525	WEST NASA CORP.					1 (00)(10) 110 18101 0111 0011 0	11(1 6 6 ()2 6 0(+*		######################################	
Principal Place of Business Mailing Address							EFIL 3 0 (4) 43 (1) 1	AIRE BAILE	01448 10111 0011 40 1	
1077 HWY SATELLITE	r A1A E Beach FL 32937	1077 HWY A1A SATELLITE BEACH F	L 32937							
						3. Date Incorporated or Qualified 08/04/1995	3a. Date	of Last F	Report	
⊢	lace of Business	2a. Mailing Address	26. Melling Address 26. P. O. Box 729 Suite, Apt. #, etc.			4. FEI Number		L I	Applied For	
Suite, Apt.	I etc					59-332944	a		Not Applicable	
22	n, etc.	27				5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State	0	City & State				6. Election Campaign Financing\$5.00 May Be				
23		28 MEI DOURNE				Trust Fund Contribution		Adde	ed to Fees	
Zip	Country	7φ	BREVARD		8. This corporation has liability for intangible tax under s 199.032,					
[#4]	25 9. Name and Address of Currer	29 32902 nt Registered Agent	30	SKE	YHRD	Florida Statutes Yes No 10. Name and Address of New Registered Agent				
				81	Name	IV. Tiding and Address of Hear I	egistereu ,	.gen.		
DEHA	RDER, ROBERT			82	Stroot Addror	ress (P.O. Box Number is Not Acceptable)			···	
	HWY A1A			<u> </u>	Sheet Made	ress (F.O. Box Normber is Not Acceptable)				
SATE	LLITE BEACH FL 32937			83						
				84	City			85 Z	ip Code	
11. Pursuant i	to the provisions of Sections 607 0502	and 607 1508 Florida Statute	e the abo	V(0. Da)	med corporat	tion submits this statement for the num	FL	11		
or register	to the provisions of Sections 607,0502 red agent, or both, in the State of Floric th, and accept the obligations of, Sect	da. Such change was authorize	od by the o	corpor	ation's board	tion submits this statement for the pur Lof directors. I hereby accept the appo	rpose of char ointment as i	nging its i registerec	registered offici d agent. I am	
ica and an	in, and accept the obligations of, Secti	on 607.0000, Florida Statutes,								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT	E: Registered	Agort s	lgrature required v	whon reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	ORS IN 12	
TITLE	DEMYDDED DODEDT	☐ DELETE	1.17	ITLE] Change	Addition	
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CITY-ST-ZIP				REET AD IY-ST-7	I	10000183 -05/22/96010	9402	6		
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STREET ADDRESS		•	6351	HEET AD	DRESS	5 N p	C			
CITY-ST-ZIF			6401	Y-ST-2	ZIP					
14. I do hereb	y certify that the information supplied v	viti this filing is voluntarily furnis	shed and d	does n	not qualify for	the exemption stated in Section 119.0	07(3)(k), Flori	da Statut	es. I further	

14. Ido hereby certify that the information supplied with this filing if 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 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 appear in the properties of the corporation of the corporati

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rt DeHarder

4/29/96 (407)774-0622