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Apr 30 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 # P96000015047 (9)

1. Corporation Name

SPACE COAST MOTEL, INC.

Pay 165⁰⁰

Sub



Principal Place of Business

860 NORTH COCOA BLVD.
COCOA FL 32922

Mailing Address

860 NORTH COCOA BLVD.
COCOA FL 32922-7578

2. Principal Place of Business

21 860 N. Cocoa
Suite, Apt. #, etc.

2a. Mailing Address

26 860 N. Cocoa
Suite, Apt. #, etc.

22 City & State

23 Cocoa Fla

27 City & State

28 Cocoa Fla

24 Zip

32922

Country

Brevard

Zip

32922

Country

Brevard

9. Name and Address of Current Registered Agent

ALBU, INA MARIE
860 NORTH COCOA BLVD.
COCOA FL 32922

3. Date Incorporated or Qualified

02/13/1996

3a. Date of Last Report

New

4. FEI Number

59-3359084

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

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

Space Coast Motel, Inc By Ina Marie Albu Pres 3/10/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

President

☐ DELETE

NAME

INAMARIE ALBU

STREET ADDRESS

1 INDIAN TRAIL, WB, O 45052

CITY-ST-ZIP

TITLE

Vice-Pres.

☐ DELETE

NAME

Ken-ALBU

STREET ADDRESS

Same -

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

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☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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

Ina Marie Albu Pres 3/18/97 407-639-0700

CR2E034 (9/96)