

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90098 029 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
--	---	--

**DOCUMENT # P96000072951**

1. Corporation Name  
**SPACE COAST TRADERS, INC.**



Principal Place of Business  
 3445 N US #1  
 COCOA FL 32926  
 US

Mailing Address  
 5357 HOLDEN ROAD  
 COCOA FL 32927

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. <del>162 South Courtney Pkwy</del>		27. <del>5360 Holden Rd.</del>		09/03/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22. <del>Merrih Island FLA.</del>		28. <del>Cocoa FLA.</del>		59-3426972	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
24. <del>32952</del>		29. <del>32927</del>		5. Certificate of Status Desired <input type="checkbox"/>	
25. <del>Brevard</del>		30. <del>Brevard</del>		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	
23. <del>Merrih Island FLA.</del>		28. <del>Cocoa FLA.</del>		Trust Fund Contribution <input type="checkbox"/>	
Zip		Zip		\$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

STREET, NANCY  
 5357 HOLDEN ROAD  
 COCOA FL 32927

81 Name  
 William L Reid  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 5360 Holden Rd.  
 83  
 84 City  
 Cocoa FLA. FL 85 Zip Code  
 32927

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

*William L Reid*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-1-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET, ARCEMAS	1.2 NAME	
STREET ADDRESS	5357 HOLDEN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32927	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET, NANCY	2.2 NAME	
STREET ADDRESS	5357 HOLDEN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32927	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	President / SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, WILLIAM	3.2 NAME	Reid William
STREET ADDRESS	5360 HOLDEN RD	3.3 STREET ADDRESS	5360 Holden Rd.
CITY-ST-ZIP	COCOA FL 32927	3.4 CITY-ST-ZIP	Cocoa FL 32927
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

*William L Reid*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)