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

DOCUMENT # **P97000014171**

City & State

Zip 24

Principal Place of Business	Mailing Address	
5340 N. ATLANTIC AVENUE COCOA BEACH FL 32931	5340 N. ATLANTIC AVENUE COCOA BEACH FL 32931	
Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

29

City & State

9. Name and Address of Current Registered Agent

Country

STOTTLER, JR RICHARD H 8680 N ATLANTIC AVENUE CAPE CANAVERAL FL 32920

25

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90081 013 ***158.75



	ŗ	BO NOT WITTE IN THE OFFICE						
	3.	Date Incorporated or Qualifed 02/12/1997						
_	4.	FEI Number	-		Applied For			
		59-3444323			Not Applicable			
	5.	Certifcate of Status Desired	х Х	•	5 Additional Required			
	6.	Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees			
	8.	This corporation owes the curr Personal Property Tax.	rent yea	r Intangible ☐ Yes	□No			
	10.	Name and Address of New I	Registe	red 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.

Country

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECT	TORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	VD:	☐ DELETE	1,1 TITLE		Change	☐ Addition		
NAME	GAILEY, STEVE		1.2 NAME		•			
STREET ADDRESS	5340 N ATLANTIC AVENUE		1.3 STREET ADDRESS					
CITY-ST-ZIP	COCOA BEACH FL 32931		1.4 CITY-ST-ZIP					
TITLE	STD	□ DELETE	2.1 TITLÉ		Change	☐ Addition		
NAME	STOTTLER, RICHARD H JR		2.2 NAME			1		
STREET ADDRESS	8680 N. ATLANTIC AVENUE		2.3 STREET ADDRESS					
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		2. 4 CITY-ST-ZIP		·			
TITLE	PD	☐ DELETE	3.1 TITLE		Change	☐ Addition		
NAME	HADGE, JEANNE A		3.2 NAME			i		
STREET ADDRESS	5340 N ATLANTIC AVENUE		3.3 STREET ADDRESS		•	Ì		
CITY-ST-ZIP	COCOA BEACH FL 32931		3.4. CITY-ST-ZIP	·				
TITLE		☐ DELETE	4.1 TITLE		Change	Addition		
NAME		•	4. 2 NAME					
STREET ADDRESS	•		4.3 STREET ADDRESS]		
CITY-ST-ZIP	•		4.4 CITY-ST-ZIP					
TITLE		□ DELETE	5.1 πTLE		Change	☐ Addition Ì		
NAME	•		5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS			Ì		
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE		Change .	☐ Addition		
NAME			6.2 NAME			\$		
STREET ADDRESS	•		6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP	2-di- 440 07(2Vi) Florido Chabatos I furbor codificil				

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.

TURE RICHARD HESTOTTLER, Jr., Secty. (407) 783-1320