


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90122 016 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000078329					
1. Corporation Name LAUNCH SERVICES CORPORATION					
Principal Place of Business 25840 IMPATIENS COURT BONITA SPRINGS FL 35135			Mailing Address PO BOX 2266 BONITA SPRINGS FL 34133-266 US		
2. Principal Place of Business 21 12284 SORIA LANE		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/10/1997	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3508730 Applied For Not Applicable	
City & State 23 BONITA SPRINGS, FL		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 34135		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Zip 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ADAMS, ARCHID D.EVP & C 25840 IMPATIENS CT BONITA SPRINGS FL 34135			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 12284 SORIA LANE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EVPC <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADAMS, ARCHIE D	1.2 NAME			
STREET ADDRESS	25840 IMPATIENS COURT	1.3 STREET ADDRESS	12284 SORIA LANE		
CITY-ST-ZIP	BONITA SPRINGS FL 35135	1.4 CITY-ST-ZIP			
TITLE	EVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLSTEIN, HERB S	2.2 NAME			
STREET ADDRESS	2 COVE CIRCLE	2.3 STREET ADDRESS			
CITY-ST-ZIP	PALMYRA VA 22963	2.4 CITY-ST-ZIP			
TITLE	EVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POST, LARRY H	3.2 NAME			
STREET ADDRESS	9811 SCANLON COURT	3.3 STREET ADDRESS			
CITY-ST-ZIP	FOUNTAIN VALLEY CA 92708	3.4 CITY-ST-ZIP			
TITLE	EVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, KERN	4.2 NAME			
STREET ADDRESS	555 FILLMORE AVE	4.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	4.4 CITY-ST-ZIP			
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FUCHS, VICTOR E	5.2 NAME			
STREET ADDRESS	PO BOX 21208, 3060 ROCKFORD DR	5.3 STREET ADDRESS			
CITY-ST-ZIP	COLUMBUS OH 43221	5.4 CITY-ST-ZIP			
TITLE	EVPC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOSIER, JOHN E	6.2 NAME			
STREET ADDRESS	7938 SARAHURST DRIVE	6.3 STREET ADDRESS			
CITY-ST-ZIP	DUBLIN OH 43016	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: *Archie D Adams* EVPC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Archie D Adams

4-30-99 (941) 498-9488
Date Daytime Phone #

CR2E034 (11/98)