

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000012237** ✓

1. Corporation Name

SPACE COAST COMPUTER TECHNOLOGIES, INC.

Principal Place of Business

**1090 NORTH HIGHWAY A1A
SUITE C
INDIALANTIC FL 32903**

Mailing Address

**1090 NORTH HIGHWAY A1A
SUITE C
INDIALANTIC FL 32903**

603762 - 90020 - 28



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1998

4. FEI Number

59-3514139

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 304 E. STRAWBRIDGE AVE

Suite, Apt. #, etc.

22

23 Melbourne FL

24 32901

25

2a. Mailing Address

26 304 E. STRAWBRIDGE AVE

Suite, Apt. #, etc.

27

28 Melbourne FL

29 32901

30

9. Name and Address of Current Registered Agent

**KISH, LEONNA
1090 NORTH HIGHWAY A1A
SUITE C
INDIALANTIC FL 32903**

10. Name and Address of New Registered Agent

81 Name Kish, LEONNA

82 Street Address (P.O. Box Number is Not Acceptable)

83 304 E. STRAWBRIDGE AVE

84 City Melbourne

FL

85 Zip Code 32901

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 **LEONNA Kish/PRES.**

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

Leonna Kish

(NOTE: Registered Agent signature required when reinstating)

8/5/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **KISH, LEONNA**

STREET ADDRESS **P.O. BOX 3649**

CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **D** ☒ DELETE

NAME **COLEMAN, PERRY JR**

STREET ADDRESS **P.O. BOX 3649**

CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **D** ☐ DELETE

NAME **QUINTEIRO, PILAR**

STREET ADDRESS **P.O. BOX 3649**

CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

1.2 NAME **LEONNA Kish**

1.3 STREET ADDRESS **304 E. STRAWBRIDGE AVE**

1.4 CITY-ST-ZIP **Melbourne FL 32901**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **Delete**

2.3 STREET ADDRESS **Delete**

2.4 CITY-ST-ZIP **Delete**

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME **Quinteiro, Pilar**

3.3 STREET ADDRESS **304 E. STRAWBRIDGE AVE**

3.4 CITY-ST-ZIP **Melbourne, FL 32901**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

Leonna Kish

8/5/99

407-953-4822

CR2E034 (5/99)