

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 18 AM 8:14

DOCUMENT # **S49979** (5)

1. Corporation Name

THE OUTER SPACE DEVELOPMENT COMPANY

Principal Place of Business

1400 E OAKLAND PARK BLVD
STE 206
FT. LAUDERDALE FL 33334
US

Mailing Address

1400 E. OAKLAND PARK BLVD
STE 206
FT. LAUDERDALE FL 33334
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/06/1991

3a. Date of Last Report

04/26/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HOUSE, JOHN M.
3360 N.E. 17TH WAY
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81

Name

House, John M.

82

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

602 NE 20th St.

83

84

City

Wilton Manors

FL

85

Zip Code

33305

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

John M. House

John M. House, President

7/14/95

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

HOUSE, JOHN M.

STREET ADDRESS

3360 N.E. 17TH WAY

CITY - ST - ZIP

FT. LAUDERDALE FL

TITLE

V

NAME

TRACER, BILL

STREET ADDRESS

3838 FORREST AVE.

CITY - ST - ZIP

MEMPHIS TN

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this original 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 this 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:

John M. House, Pres.
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. House, Pres.

7/14/95

305 563-5632