

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
05/06/1991

3a. Date of Last Report
07/18/1995

2. Principal Place of Business

21 **1400 E OAKLAND PARK BLVD**

2a. Mailing Address

26 **1400 E OAKLAND PARK BLVD**

4. FEI Number

65-0259799

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

22 **205**

Suite, Apt. #, etc.

27 **205**

City & State

23 **FT. LAUDERDALE, FL**

City & State

28 **FT. LAUDERDALE, FL**

Zip

24 **33334**

Country

25 **US**

Zip

29 **33334**

Country

30 **US**

9. Name and Address of Current Registered Agent

**HOUSE, JOHN M
602 NE 20TH ST
WILTON MANORS FL 33305**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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, as applicable

(NOTE: Registered Agent's signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE
**P
HOUSE, JOHN M.
602 NE 20TH ST
WILTON MANORS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE
**V
TRACER, BILL
3838 FORREST AVE.
MEMPHIS TN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE
**ST
MISKM, ALAN
1400 E OAKLAND PARK BLVD
FT LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M House / P

(954) 563-5632

DATE

Daytime Phone #

CR2E034 (12/95)