

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

FILED  
May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S66960 (3)  
1. Corporation Name  
SPACE TOURS OPERATORS CORPORATION



Principal Place of Business  
5850 LAKE HURST DR  
150-13  
ORLANDO FL 32819  
US

Mailing Address  
5850 LAKE HURST DR  
150-13  
ORLANDO FL 32819-8388  
US

2. Principal Place of Business  
21 5850 Lakehurst Dr  
Suite, Apt. #, etc.  
22 260  
City & State  
23 Orlando, FL  
Zip  
24 32819  
Country  
25 ~~USA~~ USA

2a. Mailing Address  
26 5850 Lakehurst Dr  
Suite, Apt. #, etc.  
27 260  
City & State  
28 Orlando, FL  
Zip  
29 32819  
Country  
30 USA

3. Date Incorporated or Qualified  
07/15/1991

3a. Date of Last Report  
08/13/1996

4. FEI Number  
65-0289272

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

9. Name and Address of Current Registered Agent  
GEDEON, ANDRE O  
5850 LAKEHURST DR  
SUITE 150-13  
ORLANDO FL 32819

10. Name and Address of New Registered 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	GEDEON, EDUARDO	5850 LAKEHURST DR STE 150-13	ORLANDO FL	<input type="checkbox"/>
D	GEDEON, ALDICE	5850 LAKEHURST DR STE 150-13	ORLANDO FL	<input type="checkbox"/>
D	MOORE, ANA KARIA	5850 LAKEHURST DR STE 150-13	ORLANDO FL	<input type="checkbox"/>
VP	GEDEON, ANDRE O	5850 LAKE HURST DR. SUITE 150-13	ORLANDO FL 32819	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 or changed on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 1-10-97 417 351 8922

CP2E034 (9/96)