

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

FILED
May 08 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 280 ORLANDO FL 32819 US | Mailing Address 5850 LAKE HURST DR 280 ORLANDO FL 32819 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|--|--|--|
| 2. Principal Place of Business 21 7040 Lake Ellenor Dr. Suite, Apt. #, etc. 22 137 City & State 23 Orlando Florida Zip 24 32809 | | 2a. Mailing Address 26 7040 Lake Ellenor Dr. Suite, Apt. #, etc. 27 137 City & State 28 Orlando Florida Zip 29 32809 Country 30 ORANGE | | 3. Date Incorporated or Qualified 07/15/1991 | |
| | | 4. FEI Number 65-0289272 | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

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 | D <input type="checkbox"/> DELETE | 1.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GEDEON, EDUARDO | 1.2 NAME | GEDEON, EDUARDO |
| STREET ADDRESS | 5850 LAKEHURST DR STE 150-13 | 1.3 STREET ADDRESS | 7040 LAKE ELLENOR DR. STE 137 |
| CITY-ST-ZIP | ORLANDO FL | 1.4 CITY-ST-ZIP | ORLANDO, FL 32809 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GEDEON, ALDALICE | 2.2 NAME | GEDEON, ALDALICE |
| STREET ADDRESS | 5850 LAKEHURST DR STE 150-13 | 2.3 STREET ADDRESS | 7040 LAKE ELLENOR DR. STE 137 |
| CITY-ST-ZIP | ORLANDO FL | 2.4 CITY-ST-ZIP | ORLANDO, FL 32809 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOORE, ANA KARIA | 3.2 NAME | MOORE, ANA KARLA |
| STREET ADDRESS | 5850 LAKEHURST DR STE 150-13 | 3.3 STREET ADDRESS | 7040 LAKE ELLENOR DR. STE 137 |
| CITY-ST-ZIP | ORLANDO FL | 3.4 CITY-ST-ZIP | ORLANDO, FL 32809 |
| TITLE | VP <input type="checkbox"/> DELETE | 4.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GEDEON, ANDRE O | 4.2 NAME | GEDEON, ANDRE O |
| STREET ADDRESS | 5850 LAKE HURST DR. SUITE 150-13 | 4.3 STREET ADDRESS | 7040 LAKE ELLENOR DR. STE 137 |
| CITY-ST-ZIP | ORLANDO FL 32819 | 4.4 CITY-ST-ZIP | ORLANDO, FL 32809 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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

SIGNATURE

[Signature]

3/20/98

4012518919

CR2E034 (10/97)