| FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 | | | | | | | | FILED | | | | |
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| COF | PROFIT RPORATION JAL REPORT | | FLORIDA DEPARTME Sandra B. M Secretary of | | | | _ | r 20 19 Secretai | | | | |
| 1998 | | | DIVISION OF CORPORATIONS | | | | _ | | | | | |
| DOCUMENT # S87463 (3) | | | | | | | | | | | | |
| 65 EA | st nasa, inc. | | | | | | | | III BAN AAN | | | |
| 65 EAST NASA BLVD. SUITE 202 | | | Mailing Address 85 EAST NASA BLVD. SUITE 202 | | | 1 (68/19/ | DO NOT WRITE IN THIS SPACE | | | | | |
| MELBOURNE FL 32901 | | | MELBOURNE FL 32901 | | | 3. Date Inco | 3. Date Incorporated or Qualified | | | | | |
| | | | | | | | 10/15/ | 1991 | | | | |
| 2. Principal P | lace of Business | ├ ── | Mailing Address | | | | 4. FEI Numb | ər | | <u> </u> | pplied For | |
| Suite Apt. | #, etc. | 26 | Suite, Apl. #, etc. | | | | | 90491 | | | ot Applicable Additional | |
| 22 City & Stat | | 27 | | | | | | of Status Desired | | Fee Re | equired | |
| 23] City & Stat | | 28 | City & State | | | · | | ampaign Financing I Contribution | | | May Be to Fees | |
| Ζιρ 24 | Country 25 | 29 Z | /ip | Cour 30 | ntry | | | ration owes or has p roperty Tax due Jun | _ | | tangible] No | |
| | 9, Name and Address of | | red Agent | | | | | Address of New R | | | | |
| | lkinson, myles | | | | 81 | Name | | | | | | |
| 65 E. NASA BLVD. | | | | | 82 | Street A | ddress (P.O. Box Nu | mber is Not Accepte | ble) | | | |
| - | JITE 202 ELBOURNE FL 32901 | | | - | 83 | | | | | | | |
| 5714 | LEDOURINE I E SESOI | | | } | 84 | City | | | | 85 Zip | Code | |
| office or r | to the provisions of Sections 6 egistered agent, or both, in the maniliar with, and accept the | o State of Florida | . Such change was a | uthorized | l by | the corpo | orporation submits to pration's board of dir | nis statement for the acceptors. I hereby acce | purpose of opt the app | changing it ointment as | ts registered registered | |
| SIGNATURE | | | | | | | | | | | | |
| Signature: typod or printed mone of registered agent and title if applicable (NOTE 12. OFFICERS AND DIRECTORS | | | | | Ager | it signeture re | equired when reinstating) | CHANGES TO OFFI | DATE CEDS AND | DIRECTOR | 9C (N) 12 | |
| TITLE | PD | ns and blite of | DELETE | 13. | LF | | ADDITIONS | CHANGES TO CITY | OLIIG AND | Change | Addition | |
| NAME | WILKINSON, MYLES H | | | 1.2 NA | ME | 1 | | | | | | |
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| TOTLE | ,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | | ☐ DELETE | 4 1 TITL | | | | | | Change | Addition | |
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6.3 SIRET ADDRESS

(ITY-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 attactment with an address.

SIGNATURE:

SIGNATURE:

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4-15-98 Date