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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V47350

(6)

SPACE COAST ADVERTISING CONSORTIUM, INC.

FILED Feb 09 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1416-CHAFFEE DR-1418 CHAFFEE-DR THUSVILLE FL 32780 TITUSVILLE FL 32790 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/26/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 1231 GArden 1231 59-3131816 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Titosville 12 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 **ELLIS. WENDY** 1416 CHAFFEE DR Street Address (P.O. Box Number is Not Acceptable) TITUSVILLE FL 32780 83 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Addition Change 1.1 TITLE TITLE ELLIS, WENDY 1.2 NAME NAME **CR2E034** -1416-CHAFFEE-DR 1231 GArden Street 1.3 STREET ADDRESS STREET ADDRESS TITUSVILLE FL 1 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE PATCH, PATRICIA A. NAME 2.2 NAME 1416 CHAFFEE DR STREET ADDRESS 2.3 STREET ADDRESS TITUSVILLE-FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE □ DELETE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 Apanged, or on an attachment with an address.

SIGNATURE;

FILE REQUIRED

128 98 407-268-1023