FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V50319 (5)

1. Corporation Name
SPACE COAST CONNECTIONS, INC.

Principal Place of Business
376 N. HARBOR CITY BOULEVARD
UNIT B-250
MELBOURNE FL 32935-763
US

Mailing Address
1495 MALIBU CIRCLE NE
PALM BAY FL 32905
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 376 W. HARBOR CITY BLVD
Suite, Apt. #, etc. 22 UNIT P102	Suite, Apt. #, etc. 27 UNIT P102
City & State 23	City & State 28 MELBOURNE, FL.
Zip 24 Country 25	Zip 29 32935 Country 30 US.

3. Date Incorporated or Qualified: 07/10/1992
3a. Date of Last Report: 06/02/1994
4. FEI Number: 59-3178992 ☐ 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

ALLEVA, GINO
1495 MALIBU CIRCLE NE
MELBOURNE FL 32905

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 436 ONTARIO ST. NW
83
84 City PALMBAY FL 85 Zip Code 32907

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 ______ DATE ______

12. OFFICERS AND DIRECTORS / **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12.		13.	
TITLE	PT	1.1 TITLE	☑ Change ☐ Addition
NAME	GINO ALLEVA,	1.2 NAME	
STREET ADDRESS	1495 MALIBU CIRCLE NE	1.3 STREET ADDRESS	436 ONTARIO ST. NW
CITY ST ZIP	PALM BAY FL	1.4 CITY ST ZIP	32907
TITLE	VP	2.1 TITLE	☑ Change ☐ Addition
NAME	ALLEVA, TRACY	2.2 NAME	
STREET ADDRESS	1495 MALIBU CIRCLE NE	2.3 STREET ADDRESS	436 ONTARIO ST. NW
CITY ST ZIP	PALM BAY FL	2.4 CITY ST ZIP	32907
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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)(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] GINO ALLEVA 4/27/95 407-726-8922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410024 FP