## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # G57761

(0)

CATCLETT	E MANIACES	ACNIT CO	<b>RPORATION</b>
SATELLI	⊢ MANAGEN	MENT GO	KPUKATIUN

SAIELL	ITE MANAGEMENT CORF	ORATION			
Principal Place of	Business	Mailing Address			•
100 RIALTO F	100 RIALTO PLACE 100 RIALTO PLACE				
SUITE 510	r: 00001	SUITE 510			
MELBOURNE FL 32901 MELBOURNE FL 32901 US US			3. Date Incorporated or Qualified	3a. Date of Last Report 04/24/1995	
				08/31/1983	Applied For
2. Principal Place		2a. Mailing Address	010	4. FEI Number 59-1203893	Not Applicable
1 132	+ HWY AIA	26 3 4 7 Suite, Apt. #, etc.	my ATA		\$8.75 Additional
Suite, Apt. #,	etc.	27 State, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	5.00 May Be
3 SATEIL	or Beach, FL	28 Satelline	Beach FC	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
4 3293	7 25 BREVIAN		30 PARUAND	Florida Statutes Yes  10. Name and Address of New R	□ No
	9 Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New II	- / /
				KHNE, DONG	114 6
BOYD, J			82 Street Addre	ess (P.O. Box Number is Not Acceptab	
	LTO PLACE, SUITE 510		83	3x4 11wy 1	
WETRO	JRNE FL 32901				les I 7 m Code
			84 City SA	rollise Broads	FL 85 Zip Code 32437
44 Durought to	the provisions of Sections 607 0502	and 607.1508. Florida Statutes.	the above-named corpora	ation submits this statement for the put	rose of changing its registered office
or rogiotoros	d egent, or both, in the State of Florid, and agreent the obligations of, Sect	na i Siich chande was authorized	by the corporation's boar	d of directors. I hereby accept the app	ointment as registered agent. I am
	, and appent the obligations of, Sect	DAUAZA	Wasie		4/4/96
SIGNATURE	Currore, typed or printed refrie of registered agent	and title if applicable (NOTE	Registered Agrint signature required	d when reinslahigi	DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12  Change Addition
TITLE	DP	☐ DELETE	1.1 TITLE		Cl change Cl Addition
NAME	KANE, DONALD L		1.2 NAME		
STREET ADDRESS	1325 N. HWY. A1A		1.3 STREET ADDRESS		
CHTY - ST - ZIP	SATELLITE BCH. FL	T DELETE	1.4 CITY-ST-ZIP 2 1 TITLE		Change Addition
TITLE	ST CANE DONALD !		2 2 NAME		
NAMÉ	KANE, DONALD L 1325 N HWY AIA		2.3 STREET ADDRESS		
STREET ADDRESS	SATELLITE BCH, FL 00000		2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	SATELLITE BOTT, TE 00000	□ DELETE	3. 1 TITLE		Change Addition
NAME			3 2 NAME		
SIREET ADDRESS			33 STREET ADDRESS		
CITY-S1-ZIF			3.4 CITY - S1 - ZIP		
TITLE		☐ DELFTE	4. 1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STHEET ADDRESS			4.3 STREET ADDRESS		
COY-SI-ZIF		F-1 65 575	4 4 CHY-ST-7IP		Change Addition
TITLE		DELETE	5 1 TITLE		Flowage Flowage
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
City-St-ZiP		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
117LE		L. Divere	62 NAME		
NAME execut Applicace			6.3 STREET ADDRESS		
STREET ADDRESS			6 & CITV - ST - 7IP		
14. I do hereby	y certify that the information supplied	with this filing is voluntarily furnis	shed and does not qualify	for the exemption stated in Section 11:	9,07(3)(k), Florida Statutes. I further
certify that	the information indicated on this and	nual report or supplemental armo loration or the receiver or trustee	empowered to execute the	ate and that my signature shall have the his report as required by Chapter 607, I	Florida Statutes; and that my name
appears in	Bock 12 or Block 13 if changed, or	on an attachment with an addre	133.		
010114	WDE.	07/11.18	Donal	V LKANE 41	4/46 407/773-8248
SIGNAT	SIGNATURE AND TYPED O	OR PRINTED NAME OF SIGNING OFFICE	OR DIRECTOR	Date	Daytinie Prione II
	<del>-</del>				