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

City & State

23

Zip

DOCUMENT # 1. Corporation Name

P95000082233 (4)

City & State

Zip

SUPERIOR SATELLITE, INC.

Country

ALTAMONTE SPRINGS FL 32714

١					
1	Principal Place of Business	Mailing Address		1) 44 111 48 181 18118 1	11616 11861 11189 1111 11
	6822 NO. ORANGE BLOSSOM TRAIL ORLANDO FL 32810	6822 NO. ORANGE BLOSSOM TRAIL ORLANDO FL 32810			
			3. Date incorporated or Qualified 10/24/1995	3a. Date of L	ast Report
+	2. Principal Place of Business	2a. Mailing Address	4. Ft:I Number		Applied For
12	<u>a</u>	26	59-3256664		Not Applicat
F	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	□ \$	8.75 Additional

25 24 9. Name and Address of Current Registered Agent LAMB, JAMES A 2401 VIRGINIA XAXENIMEX Drive

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- 1		TO, THAT IS A STATE OF THE STAT						
	81	Name						
	82	Street Address (P.O. Box Number is Not Acceptable)						
	83							
	84	Gity FL 85 Zip Code						

8. This corporation has liability for intangible tax under s 199.032,

Name and Address of New Registered Agent

Yes No

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

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SIGNATURE: Signative typed or printed manicial mystericia agent and talk if a particiance. INVER Registered Agent signature required white neighbor white ne									
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT						
TITLE	Director	[]] DELETE	1. 1 TITLE	[] Change	Addition				
NAME	James A. Lamb 2401 Virginia Drive Altamonte Springs, FL		1.2 NAME						
STREET ADDRESS			1.3 STREET ADDRESS						
CITY-S1-ZIP		32714	1.4 CITY - ST - ZIP		ET 14355				
1ITLE		C) DEFLIE	2 1 111LE	☐ Change	Addition				
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS						
CITY-ST-ZIP			2 4 CITY - S1 - 7/P	T Phase	Addition				
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NAME			3.2 NAME						
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NAME			4.2 NAME						
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NAME			5.2 NAME						
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CITY - ST - ZIP	3	[] DELETE	5.4 C(TY+S1+2)F 6.1 T(I) E	[] Change	☐ Addition				
TITLE		L_J Detect.	6.2 NAME		 1				
NAME									
STREET ADDRESS			63 STREET ADDRESS						

DTY-SI-7IP

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)(k). 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 logal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trusted en powered 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 all chimient with an address.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

Applied For Not Applicable

Fee Required

\$5.00 May Be

Added to Fees