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
1995 MAY -1 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F33059** **(9)**

1. Corporation Name
COMMANDER SATELLITE CORPORATION

Principal Place of Business	Mailing Address
4740 N STATE ROAD 7 SUITE 106 FT LAUDERDALE FL 33319	4740 N STATE ROAD 7 SUITE 106 FT LAUDERDALE FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/01/1981**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business	2a. Mailing Address
21 **900 N. Federal Hwy.**	26 **900 N. Federal Hwy**
Suite, Apt. #, etc. 22 **240**	Suite, Apt. #, etc. 27 **240**
City & State 23 **Boca Raton, FL**	City & State 28 **Boca Raton, FL**
Zip / Country 24 **33432** 25 **Palm Beach**	Zip / Country 29 **33432** 30 **Palm Beach**

4. FEI Number: **59-2094021** ☐ 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	10. Name and Address of New Registered Agent
LEVY, JACK L. 972 CYPRESS DRIVE DELRAY BEACH FL 33483	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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: (Typed or printed name of registered agent and title if applicable) (If new Registered Agent) (Signature required when necessary) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	LEVY, JACK L.	12 NAME	
STREET ADDRESS	972 CYPRESS DR.	13 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, JOSEPH G.	22 NAME	300001450683
STREET ADDRESS	145 TALL OAK CRESCENT	23 STREET ADDRESS	-05/17/95--01046--024
CITY ST ZIP	OYSTER BAY COVE NY	24 CITY ST ZIP	****225.00 ****225.00
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, HAROLD D.	32 NAME	
STREET ADDRESS	10 PARTRIDGE DR.	33 STREET ADDRESS	
CITY ST ZIP	E. HILLS NY	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, ALBERT	42 NAME	
STREET ADDRESS	2 SHOREWOOD DR.	43 STREET ADDRESS	
CITY ST ZIP	SANDS POINT NY	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GOLDBERG, LIONEL	52 NAME	
STREET ADDRESS	1 COMMANDER SQ	53 STREET ADDRESS	
CITY ST ZIP	OYSTER BAY NY	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	DA
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	5-1-95

14. I declare, certify that the information supplied with this form 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] JACK L. LEVY 5/1/95 407-368-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0227030 CP