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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name F33059

(9)

COMMANDER SATELLITE CORPORATION

Principal Place of Business	Mailing Address
900 N. FEDERAL HWY	900 N. FEDERAL HWY
#240	#24 0
BOCA RATON FL 33432	BOCA RATON FL 33432

FILED Mar 19 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/01/1981 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 59-2094021 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LEVY, JACK L. 972 CYPRESS DRIVE Street Address (P.O. Box Number Is Not Acceptable) **DELRAY BEACH FL 33483** 83 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE __ Change LEVY, JACK L WAME 1.2 NAME 972 CYPRESS DR. STREET ADDRESS 1.3 STREET ADDRESS **DELRAY BEACH FL** CITY-ST-ZIP 1.4 City-St-ZiP TITLE DELETE 2.1 TITLE Change Addition SHAPIRO, JOSEPH G. NAME 2.2 NAME 145 TALL OAK CRESCENT STREET ADDRESS 2.3 STREET ADDRESS OYSTER BAY COVE NY CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE SHAPIRO, HAROLD D. NAME 3.2 NAME 10 PARTRIDGE DR. STREET ADDRESS 3.3 STREET ADDRESS E. HILLS NY CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE ☐ Change ☐ Addition 4.1 TITLE NAME SHAPIRO, ALBERT 4 2 NAME 2 SHOREWOOD DR. STREET ADORESS 4.3 STREET ADDRESS SANDS POINT NY CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition GOLDBERG, LIONEL NAME 5.2 NAME STREET ADDRESS 1 COMMANDER SQ **5.3 STREET ADDRESS OYSTER BAY NY** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6 1 TITLE Addition NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** City-St-Zif

14. I hereby certify that the information supplied with this filing 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I em an officer or director of the coreivor 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 our an attachmony without codess.

SIGNATURE:

JUL 349-3200