FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Kemerine Harris Secretary of State DIVISION OF CORPORATIONS

2000

DOCUMENT # F33059

TALLAHABSEE, FLORIDA COMMANDER SATELLITE CORPORATION Principal Place of Business Mailing Address 900 N. FEDERAL HWY 900 N. FEDERAL HWY #240 #240 BOCA RATON FL 33432 **BOCA RATON FL 33432** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/01/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 26 59-2094021 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year intangible 25 29 30 Personal Property Tax. ☐ Yes s9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LEVY, JACK L. 82 Street Address (P.O. Box Number is Not Acceptable) 972 CYPRESS DRIVE DELRAY BEACH FL 33483 83 City 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. (NOTE: Registered Agent aignature required when reinstalling)					DATE	
2.	OFFICERS AND DIRECTO	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
ŧ	0	☐ DELETE	1.1 TITLE		□ Channe	Addition
· · · •	LEVY, JACK L		1.2 NAME	President/CEO/Direc	ctor	_
ret : ADDRESS	972 CYPRESS DR.		1.3 STREET ADDRESS	Joseph G. Shapiro	 	1
r - \$1 - 20P	DELRAY BEACH FL		1.4 CITY-ST-ZIP	145 Tall Oak Cresce	ent)
-£	V O	☐ DELETE	2.1 TITLE	Oyster Bay Cove, N	7.1.7.0.1 [] Change	Addition
145	SHAPIRO, JOSEPH G.		2.2 NAME	Secretary/Director		***************************************
de i ADDRESS	145 TALL OAK CRESCENT		2.3 STREET ADORESS	Leonard Shapiro		
t-57-21P	OYSTER BAY COVE NY		2.4 CITY+ST-ZIP	10 Whitney Circle	· - · -	
LE	SD	□ DELETE	3.1 TMLE	Glen Cove, NY 11542	Change	Addition
rit	SHAPIRO, HAROLD D.		3.2 NAME	20000	224616	1:>I
REE · ADDRESS	10 PARTRIDGE DR.		3.3 STREET ADDRESS	-05/	32 4610 10/000101	2023
1-57-21P	E. HILLS NY		3.4. CITY-ST-ZIP	未来来	*150.00 **	**150.00
LÉ		DELETE	4.1 TITLE	VICE PRESIDENTIDIA	ECTOL Change	Addition
·£			4. 2 NAME	JOYCE GOLDBERG	Ī	
AJORESS			4.3 STREET ADDRESS	JOYCE GOLPBERG 39 MATINECOCK FARI	ns RD	ļ
r-\$T-ZIP			4.4 CITY+ST-ZIP	GLEN COVE, N.Y.	11542	
. .		☐ DELETE	5.1 TITLE	* 1	Change	Addition
:	•		5.2 NAME		•	
cui 400RESS			5.3 STREET ADDRESS			,
: 31-212			5.4 CITY-ST-ZIP			
÷ }		DELETE	6.1 TILE	<u> </u>	Change	Addition
-		•	62 NAME			
LL 4DORESS			6.3 STREET ADDRESS		9.0	
* \$T-ZLP			8.4 CFTY-ST-ZIP		K	E

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 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, with all other like empowered.

MATURE:

SIGNATURE

NAME OF SIGNING OFFICER OR DIRECTOR

516-349-3200

FILED

00 APR 28 PM 1:00

SEERITARY OF STATE

Applied For

Not Applicable