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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # F53672**

Corporation Name

SATEK, INC.

Principal	Place of	Business
1610 TEV	AS DEWY	

Mailing Address

1518 TEYAS PKWY

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90287 042 \*\*\*150.00



RESTVIEW FL					DO NOT WRITE IN THIS SPA	CE			
								———	
						3. Date Incorporated or Qualifed		{	
						11/16/1981	1 4	·- 4 5 · ·	
Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		ied For	
i]		26				59-2141483	<u> </u>	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	8.75 Ad Fee Req		
City & State	9	City & State				6. Election Campaign Financing	5.00 M	lay Be	
สิ		28				Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip				8. This corporation owes the current year Intangible			
ล ี้	25	29	¬ ' —			Personal Property Tax.			
· L	9. Name and Address of Curren	<del></del>				10. Name and Address of New Registered Age	nt		
				81	Name			1	
SPEE	ED, THOMAS E								
1518	TEXAS PKWY			82	Street Add	dress (P.O. Box Number is Not Acceptable)		}	
	STVIEW FL 32536			83					
OI IL	51 Mail 1 C 02300			100					
				84	City_	FL  8	1		
office or re	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such chande was a	umonze	י עם נ	ine comoraii	rporation submits this statement for the purpose of char tion's board of directors. I hereby accept the appointme	ging its r nt as regi	egistered stered	
agent. ran	itt tatitiliar with, and accept the obliga-	goria or, decaon cor.coco, rio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
SIGNATURE	Signature, typed or printed name of registered agen	t and title if annicable (NOTE	: Registered	Agen	signature requir	red when reinstating) DATE			
12.		D DIRECTORS	13.	<u> </u>		ADDITIONS/CHANGES TO OFFICERS AND D	RECTOR	S IN 12	
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	SPEED, THOMAS E.		1.2 N					1	
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STREET ADORESS	1518 TEXAS PKWY				ADDRESS				
CITY-ST-ZIP	CRESTVIEW FL			TY-ST	· ZIP		Change	Addition	
TITLE	V	☐ DELETE	2.1 TI	ΠE			Cliarige	L Magistari	
NAME (	WALKER, JOHN R. JR.		2.2 N	AME	i			i	
STREET ADDRESS	6100 OLD HICKORY RD.		2.3 S	TREET	ADDRESS			}	
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NAME			5.2 N		ļ			ļ	
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NAME			6.2 N	AME	Į	. *	•	{	
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STREET ADDRESS	1							1	

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 or suppliemental 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.

SIGNATURE: