

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F75659** (5)  
1. Corporation Name  
**SATELLITE COMMUNICATIONS & ELECTRONICS, INC.**



Principal Place of Business  
**P O BOX 20792  
ST PETERSBURG FL 33742**

Mailing Address  
**P O BOX 20792  
ST PETERSBURG FL 33742**

3. Date Incorporated or Qualified  
**04/08/1982**

3a. Date of Last Report  
**07/06/1995**

4. FEI Number  
**59-2247635**

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

2. Principal Place of Business  
21 **7500 Ulmerton Rd. #27**  
Suite, Apt. #, etc.

22 **Largo, FL**  
City & State

23 **34641**  
Zip

24 **Pinellas**  
Country

2a. Mailing Address  
26 **7500 Ulmerton Rd. #27**  
Suite, Apt. #, etc.

27 **Largo, FL**  
City & State

28 **34641**  
Zip

29 **Pinellas**  
Country

9. Name and Address of Current Registered Agent

**SCOTT, H. DEAN  
2467 KINGFISHER LN  
H101  
CLEARWATER FL 34622**

10. Name and Address of New Registered Agent

81 Name  
**SCOTT, H. DEAN**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4461 ONTARIO LN**

83 **CLEARWATER**

84 City  
**CLEARWATER**

85 Zip Code  
**FL 34622**

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 **H. DEAN SCOTT** PD *H. Dean Scott*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-29-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, H DEAN	1.2 NAME	
STREET ADDRESS	7500 ULMERTON RD #27	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, ANNETTA G	2.2 NAME	
STREET ADDRESS	7500 ULMERTON RD #27	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *Annetta G. Scott* SD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-96**  
Date

**813-572-4695**  
Daytime Phone #

CR2E034 (12/95)